

# Implementation of sexuality education in middle schools in China



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## Foreword

The 2030 Agenda for Sustainable Development set 17 Sustainable Development Goals (SDGs), including goals relating to quality education, gender equality, and health and well-being. Specific targets under these goals include ensuring that all learners acquire the knowledge and skills needed to promote sustainable development; eliminating all forms of violence against women and girls; and ensuring universal access to sexual and reproductive health and to reproductive rights.

Increasing evidence shows the value of comprehensive sexuality education (CSE) in improving sexual and reproductive health (SRH) and combating the physical, mental and social challenges adolescents face in their transition from childhood to adulthood. CSE is therefore gaining recognition worldwide as an essential element of quality education.

In countries where the national policy requires compulsory SRH education but where there are no specific standards or guidance for the curriculum, the effectiveness of CSE varies from school to school. The success of CSE depends largely on how the schools perceive the issue, the quality of the curriculum used by the schools, how schools deliver the curriculum, and on the perspectives of school leaders and teachers, the teachers' capacities, and their access to technical support and resources.

Recognizing the importance of local research to support CSE policy-making and programme development, the UNESCO and UNFPA offices in China initiated the study presented in this publication. The study's findings offer concrete evidence on how middle schools in China are implementing sexuality education, and indicate an urgent need to put in place national curriculum standards for SRH education and to provide professional training for teachers, both pre-service and in-service. These findings strengthen the evidence base for policy-making, and complement the updated International Technical Guidance on Sexuality Education, published by the United Nations in early 2018.

We trust that policy-makers, researchers and educators will find this publication valuable in their efforts to develop successful CSE policies and programmes in China. UNESCO and UNFPA, along with the other UN agencies in China, stand ready to support the Chinese government and partners in stepping up CSE efforts, so as to benefit the 165 million adolescents in China and assist them to become healthy and productive adults.

**Marielza Oliveira**



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the Democratic People's Republic of Korea, Japan, Mongolia  
and the Republic of Korea

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The research project was conducted under the leadership of Marielza Oliveira, Director of the UNESCO Beijing Cluster Office and Representative to the People's Republic of China, the Democratic People's Republic of Korea, Japan, Mongolia and the Republic of Korea, with overall coordination by Hongyan Li, National Programme Officer, under the supervision of Robert Parua, Education Specialist. UNFPA co-organized the research project, and under the leadership of Babatunde Ahonsi, Representative of the UNFPA China Office, the following people contributed to the project: Navchaa Suren, Deputy Representative of UNFPA China, and Soyoltuya Bayaraa, Chen Jianzhong and Gaoshan Junjian.

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## Acronyms

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<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CSE</b>	Comprehensive sexuality education
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICPD</b>	International Conference on Population and Development
<b>NWCCW</b>	National Working Committee on Children and Women
<b>SIPPR</b>	Shanghai Institute of Planned Parenthood Research
<b>SRH</b>	Sexual and reproductive health
<b>STI</b>	Sexually transmitted infection
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

## Executive summary

China boasts one of the largest adolescent populations in the world, with 165 million in total (United Nations, 2017). In recent decades, Chinese adolescents have reached sexual maturity at increasingly early ages, and more and more young people in China are open to premarital sex while at the same time they generally lack sexual and reproductive health knowledge and awareness of safe sex. In light of this situation and the risks adolescents face in terms of sexually transmitted infections (STIs), unintended pregnancies, abortions and sexual and gender-based violence, education about sexuality is of utmost importance.

This publication describes the findings of a study that aimed to understand the status of the implementation of sexuality education in Chinese middle schools. The study surveyed key stakeholders, including students, teachers and principals, education officials and other educators, seeking to understand how they receive or provide sexuality education, as well as their perceptions of and attitudes to school-based sexuality education. This publication also provides a summary of policies and good practices and identifies gaps in light of the study, on the basis of which it offers practical recommendations for further improvement of school-based sexuality education in China.

The study, the largest of its kind in China so far, adopted a cross-sectional design that integrated quantitative and qualitative approaches. It sampled 30 middle schools across six provinces and municipalities in China that claimed to have sexuality education in place. A total of 4,737 students, 151 teachers and 29 principals from these schools participated in the survey. The study collected quantitative data through digital and printed questionnaires, and compiled qualitative information through in-depth interviews.

The study found that integration is the main approach to sexuality education in the surveyed Chinese middle schools. These schools commonly integrate sexuality education into subjects such as psychology, biology and moral education as well as into class meetings. Only one school was identified as having a curriculum schedule and timetable that allocated class hours specifically for sexuality education.

Sexuality education in the surveyed schools tends to cover conventional topics such as physiological and psychological development during puberty, HIV and AIDS prevention and interpersonal relationships with the opposite sex, but rarely touches on topics such as gender, sexual orientation, sexual behaviour, violence, sexual rights and contraception. Teachers delivering sexuality education demonstrate limited understanding of comprehensive sexuality education and receive insufficient training and support.

To improve the effectiveness of sexuality education in schools, it is proposed that a national curriculum standard or guidance for sexuality education be developed for both primary and secondary schools. The schools should also proactively explore the possibility of making sexuality education an independent course or sufficiently integrate it into an independent health education course. Teacher training should be provided to improve the effectiveness of teaching, and school leadership support should be strengthened. It is also recommended that multi-stakeholder collaboration be encouraged and enabled to support and complement school-based sexuality education.



# 1

## BACKGROUND

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Sexuality education is of great importance in China and is required by national policies. A vital component of quality education, sexuality education lays the foundation for the healthy growth and development of children and adolescents and is essential for achieving sustainable development.

The international community has long supported the implementation of sexuality education in schools. The International Conference on Population and Development (ICPD) made it clear in its 1994 Programme of Action that we should ‘protect and promote the rights of adolescents to reproductive health education, information, and care’ (POA, ICPD). Furthermore, the ICPD called on governments to establish appropriate programmes to ensure adolescents develop the necessary knowledge, skills and attitudes before they become sexually active.

The need for sexuality education is also recognized in the global 2030 Sustainable Development Agenda (United Nations, 2015), which includes goals for health and well-being (Goal 3), quality education (Goal 4) and gender equality (Goal 5). Specifically, these goals seek to ensure sexual and reproductive health and rights for everyone; to ensure that all learners acquire knowledge and skills needed to promote sustainable development, including through education for sustainable lifestyles, human rights and gender equality; and to end all forms of discrimination and violence against women and girls everywhere (United Nations, 2015a).

Furthermore, the importance of comprehensive sexuality education (CSE) is highlighted in the Global Strategy for Women’s, Children’s and Adolescents’ Health (United Nations, 2015b) and the Accelerated Action for the Health of Adolescents (WHO, 2015) as an essential action to promote sexual and reproductive health and reduce sexual and gender-based violence among children and adolescents.

Moreover, the recently revised International Technical Guidance on Sexuality Education (ITGSE) (UNESCO et al., 2018) calls on Member States to provide comprehensive sexuality education to children and young people aged 5 to 18.

## 1.1 Need for school-based sexuality education

Sexuality education responds to the needs of children and young people not only in terms of their sexual safety and health, but also as part of their overall development. Family, society and schools all play important roles in providing sexuality education for young people. Family-based sexuality education is certainly important, but studies have shown that most parents are too embarrassed to discuss the subject of sex or do not know how to talk about it with their children. Furthermore, although young people absorb much information about sexuality from the media and wider society, the accuracy of such information cannot be guaranteed. Hence, school-based sexuality education is particularly important (Yan, 2005; Liu, 2007).

China has a population of 165 million adolescents (UN, 2017), one of the largest in the world, and given China’s nine-year compulsory education system, the majority of Chinese adolescents are school students (Government of China, n.d.). In China, therefore, schools are a critical platform for delivering sexuality education.

### Laws and policies in China specifying a need for sexuality education

Recognizing the importance of school-based sexuality education, China has issued and enforced various laws and policies related to school-based sexuality education over the past four decades. These include policies on school hygiene and health care, health education, moral education, safety education, HIV and AIDS prevention education, and preventing child sexual abuse. (Appendix 1 lists the policies in chronological order.)

Sexuality education, referred to as ‘puberty education’ and ‘sexual health education’ is specifically mentioned in Article 13 of the Law on Population and Family Planning, which stipulates that ‘schools shall, in the appropriate manner that fits the students, plan and carry out physiological health education, puberty education, or sexual health education’ (Government of the People’s Republic of China, 2005a), and in Article 13 of the Law on Prevention of Juvenile Delinquency which stipulates that ‘schools shall fully enforce the national education policies, delivering moral education, science education, physical education, aesthetics education, labour education, life skills education, and puberty education’ (Government of the People’s Republic of China, 2014).

In 2011, the National Working Committee on Children and Women (NWCCW) of the State Council issued the National Plan of Action for Child Development in China (2011-2020). It called for strengthening reproductive health services for children, and stipulated that,

*Sexuality education should be part of the compulsory education curriculum; [therefore we must] increase the number of organizations that provide sexual and reproductive health services. Meanwhile, we shall strengthen capacity building, and provide services to children of different age groups to meet their need for counselling and treatment.*

Gender equality education is an essential component of sexuality education. Recognizing this, the National Plan of Action for the Development of Chinese Women (2011-2020), also issued by NWCCW in 2011, requests that,

*The principles and values of gender equality shall be sufficiently reflected in the curriculum standards and in the teaching process.*

## Earlier onset of puberty and sexual activity among adolescents

Children in China, as elsewhere in the world, are reaching puberty at an increasingly early age. According to reports on Chinese students' physical health, in 2010 female students (Han ethnicity) reached puberty (menarche) at an average age of 12.35 in urban areas and 12.59 in rural areas; 0.73 and 0.84 years earlier, respectively, than in 1995. In 2010, male students reached puberty (experienced first nocturnal emission) at an average age of 13.97 in urban areas and 14.08 in rural areas; 0.47 and 0.79 years earlier, respectively, than in 1995 (Research Team on the Physical Fitness and Health of Chinese Students, 1995 and 2010).

In general, Chinese adolescents demonstrate a poor understanding of sexuality. The 2009 national survey on reproductive health of Chinese Adolescents found that fewer than 4 per cent of the surveyed adolescents (aged 15-19) correctly answered the following three basic questions about reproductive health: 'Can a woman get pregnant the first time she has sex?', 'Will abortion affect a female's ability to conceive in the future?' and 'Is masturbation harmful to one's health?' Fewer than 40 per cent of the participants reported

knowledge of emergency contraception and fewer than 15 per cent demonstrated a basic knowledge of the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) (Zhen and Chen, 2010).

Furthermore, the 2009 national survey findings indicated that the surveyed adolescents had a rather liberal attitude towards sex and that rates of premarital sexual activity had risen. Of the surveyed adolescents, over half (53.5 per cent) felt that it was acceptable for males to have premarital sex, while half (50 per cent) felt it was acceptable for females to have premarital sex. A total of 9.4 per cent reported that they had already had a sexual experience. The average age of first sexual intercourse was 17.12 for males and 17.32 for females, with the lowest age being only 12. About one fifth of the sexually active respondents had had more than one sexual partner during the previous 12 months (Zhen and Chen, 2010).

## Unprotected sexual behaviour and increased risks

Due to their lack of knowledge and awareness regarding sex and self-protection, a large proportion of sexually active adolescents are having unprotected sex (Hu et al., 2010). According to a survey of young people (aged 15-24) in Shanghai, over half (55.2 per cent) of the respondents did not use contraceptives during their first sexual intercourse (Chen et al., 2009). The 2009 national survey referred to earlier had similar findings, with as many as 59.9 per cent of students aged 15-19 not using contraception during their first sexual intercourse. Among the respondents who claimed to have used contraception, 14.2 per cent of them did not actually use contraceptives, but instead used unsafe methods for preventing pregnancy, such as the so-called 'safety' method and the 'withdrawal' method (Zhen and Chen, 2010).

Unprotected sexual behaviour is exposing adolescents to unintended pregnancy, abortion and sexually transmitted infections, including HIV. The national survey in 2009 found that 21.3 per cent of sexually active female youth (15-24) had experienced pregnancy (this figure was 17 per cent for the group aged 15-19) and 4.9 per cent had experienced multiple pregnancies (this figure was 5.9 per cent for the group aged 15-19). Almost all (90.9 per cent) of those who had experienced pregnancy had had abortions, and 19 per cent of them had experienced multiple abortions (Zhen and Chen, 2010). Each year, there are 13 million abortions in China and more than half involve females aged below 25 (Zhou and Xiang, 2015).

As of 31 December 2015, China had a total of 577,423 people living with HIV or AIDS (NCAIDS et al., 2015). Furthermore, the infection rate among young people is on the rise. In 2015, 16,986 of the new infections were among young people aged 15-24, accounting for 15 per cent of the total new HIV infections. Of these, 3,236 were school students, which was more than double the figure for school students in 2011 (1,074), a mere four years earlier (Jiang and Zhai, 2016). Moreover, in 2015 the HIV infection rate among adolescent students increased by 60 per cent compared to that of 2014, and 40 per cent of new infections were among adolescent students aged below 20. Unprotected sex is the main channel for HIV infection among adolescents and young people, especially unprotected male-to-male sex (Chinese Association of STD and AIDS Prevention and Control, 2016).

## Gender-based violence and school bullying

Violence, including gender-based violence and school bullying, is an issue that affects the physical and mental health of adolescents worldwide, and China is no exception.

Child sexual abuse is a severe form of gender-based violence. According to a survey by the All-China Women's Federation in collaboration with the Provincial Procuratorate in Guangdong in 2012, 1,708 out of a total of 2,267 cases of harm to girls over four years were about sexual abuse, accounting for 75.34 per cent of the total. Furthermore, almost half of the female child victims were aged below 14 (Guangdong Provincial Women's Federation and Guangdong Provincial Procuratorate, 2017). According to a survey conducted in 2015 by the Girl Child Protection Fund, 319 of the 340 studied cases of child sexual assault involved girls, accounting for 94 per cent of the total. Of all the cases of assault, 240 (70.59 per cent) were committed by acquaintances (Girl Child Protection, 2016).

Although child sexual abuse is a serious threat to the physical and mental health of children and young people, education to prevent it is largely lacking in China's education system. The results of the survey by Girl Child Protection, which covered 4,719 students across the nation, found that more than 40 per cent of the respondents did not have clear knowledge about the 'private parts' (sexual organs) of the human body, and over 60 per cent did not understand what sexuality education is (Girl Child Protection, 2016). This indicates that schools should introduce sexuality education.

School violence and bullying, which are major threats to the physical and mental health of young people, are causing increasing concern. According to the findings of a

2005 survey of secondary students in cities in 18 provinces in China, around two-thirds (66.1 per cent) of secondary school boys and almost half (48.8 per cent) of girls had experienced school bullying in the previous 30 days (Qiao et al., 2009). Recognizing the serious nature of the issue, in May 2016 the Office of the Education Steering Committee of the State Council issued a notice requesting primary and middle schools to address school bullying (Government of the People's Republic of China, 2016a). In November 2016, nine ministries, including the Ministry of Education, released joint guidelines requesting multi-sectoral cooperation in preventing and responding to school bullying and violence among primary and secondary students (Government of the People's Republic of China, 2016b).

## 1.2 Sexuality education for adolescents

Provinces and schools in China have various practices about sexuality education. For example, the education department of Jing'an District of Shanghai requests primary schools to provide sexual physiology education, requests middle schools to provide comprehensive sexual physiology, psychology and morality education, and requests high schools to provide sexual morality education (Yuan et al., 2010). Meanwhile, schools in Yunnan Province are simply required to provide 'education about living, survival and life', which covers some elements of sexuality education (Cui, 2010).

Some schools have used the 'integrative approach' and have integrated sexuality education into subjects such as psychology, biology and moral education. This has been observed in schools in Beijing. Since 2009, the Education Commission of Beijing Municipality has supported a series of research and teacher training activities on sexuality education in nearly 100 primary and middle schools. The programme emphasizes age-appropriate and comprehensive content, covering five aspects: anatomy and reproduction, gender, relationships, self-protection and aesthetics. The methods used include lectures, school cultural activities, counselling and class meetings (Zhang, 2012).

## Pilot programmes for sexuality education

In partnership with local education authorities and schools, universities and social service organizations have implemented various pilot programmes in schools across China and have developed related teaching resources.

Beijing Normal University's sexuality education project team launched one such programme in 2007, targeting primary schools for migrant children. The project team developed a full curriculum and sets of student books titled *Treasuring Life* (for grades 1 to 6, two books per school year) in line with the International Technical Guidance on Sexuality Education (UNESCO, 2009). Each of the books includes six units, with age-appropriate content under the topics: families and friends, life and skills, gender and rights, the human body and development, sexual health and behaviour, and sexual and reproductive health (SRH). A total of 18 primary schools for migrant children in Beijing have adopted this programme as an independent subject in the school curriculum, and as of 2017 over 15,000 students had benefited from the programme. An evaluation of the project's outcomes found that there had been a significant improvement in students' knowledge, attitudes and skills related to sexuality and gender, an improvement in the level of communication between students and parents, and greater teacher awareness of and attention to students' physical and mental health and interpersonal skills (Liu and Su, 2014; Lai, et. al, 2015). In 2015, the university extended the programme to middle schools using a similar development and implementation model. This project is a rare example of sustainable project in China that combines practice, research, curriculum development and evaluation.

Another project took a different approach. It was implemented by Beijing Normal University's School of Social Development in six ordinary and vocational high schools in Beijing and Lanzhou, using a curriculum adapted from the 'It's All One' curriculum developed by the Population Council. The pilot project's curriculum consisted of 12 units, including: body image, gender, emotions and sex, double standards for different genders, sexual diversity, communication and decision-making skills in intimate relations, and sexual and reproductive health (reproduction, contraception, unintended pregnancy and safe abortion, and prevention of STIs/AIDS). An empirical study of the program found that comprehensive sexuality education that advocates gender equality is more effective than the traditional health care or abstinence-oriented sexuality education approach (Sa and Wang, 2013). This was evidenced by a greater improvement in knowledge, skills and attitudes about sexuality and gender,

as well as improved communication and decision-making skills and postponing of sexual debut. In addition, the project helped reduce discrimination by adolescents against people living with HIV and AIDS, homosexuals and female victims of sexual harassment.

The China Family Planning Association (CFPA), in close collaboration with local education bureaus, has contributed to improving adolescent sexual and reproductive health and has played an important role in supporting and complementing school-based sexuality education (China Family Planning Association, 2013). The CFPA has two major adolescent health programmes: 'Way of Growth', which targets adolescents directly, and 'Connections', which targets the parents of adolescents and trains them in how to communicate with their children about sexual and reproductive health. As of 2018, these projects were being implemented by local family planning associations in 31 provinces, autonomous regions and municipalities.

The 'AIDS Prevention Education Program for Chinese Youth', launched in 2006, has established learning centres in primary and secondary schools and has trained sexuality education teachers, thus helping teachers to deliver education about sexual health and HIV and AIDS prevention.

Marie Stopes China, in collaboration with three local organizations (including Guangdong Women's Foundation and Guangzhou Yuexiu District Nurturing Relationship Education Support Centre), has launched an online learning partnership about comprehensive sexuality education (Marie Stopes China, 2018), which provides a pool of online resources for sexuality education that educators can use to deliver sexuality education to children and young people in both formal and non-formal settings. These resources, also made available through the Netease website (Netease, 2018) are in various forms, including cartoons, videos, lesson plans and lectures, and are suitable for various contexts and age groups.

Some pilot programmes have helped train teachers in sexuality education and develop teaching and learning materials, which has enabled schools to deliver sexuality education on a regular basis. However, in most cases the pilot programmes did not lead to the institutionalization of sexuality education in schools. For this to happen, it is necessary to provide support in terms of policies, curriculum standards, ongoing teacher training and technical resources. There is also great potential in the use of online platforms and resources to provide timely and sustained support to schools.

## Lack of training for primary and secondary school teachers in sexuality education

There are very few specialized sexuality education teachers in China's schools. Schools normally assign teachers of other subjects to take on the task of teaching sexuality. Furthermore, while some teachers receive training in sexuality education, others have no such opportunities. Lack of qualified sexuality education teachers has become a bottleneck for implementing sexuality education in schools.

Very few universities in China offer pre-service training for sexuality educators. As of 2018, Chengdu University was the only university in China that had a programme to train sexuality educators. This university also offers an optional introductory course on sexuality education to all students specializing in primary education. Under Chengdu University's programme to train sexuality educators, the students study sexuality education, sexual psychology, sexual physiology and anatomy, sexual and reproductive health, sexual sociology, sexual aesthetics, sex and the law, sexual ethics, sexual psychological counselling and treatment, pedagogy in sexuality education, curriculum design for sexuality education, gender and sexuality education, sexual culture in ancient China, guidance to family sexuality education, and professional practice. As of 2017, the school had enrolled 350 students in the course and majority of them had already graduated and become teachers, though only a small number of them had been assigned to teach sexuality education.

# THE STUDY

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# 2

This study sought to understand the status of implementation of sexuality education in schools, including the perceptions of and attitudes to sexuality education by the relevant stakeholders. Using a combination of quantitative and qualitative methods, the research team surveyed 4,737 middle school students, 151 teachers and 29 principals from 30 schools in six provinces and municipalities. In addition, the research team interviewed 70 key informants.

## 2.1 Goals and objectives

While various schools in China have introduced sexuality education, few studies have been undertaken to examine exactly how sexuality education is implemented in these schools. In light of this situation, this study sought to understand the status of the implementation of school-based sexuality education in China's middle schools.

In particular, the study identified the successes and weaknesses in the implementation of school-based sexuality education in China and investigated the attitudes of the key stakeholders (including teachers, principals and government officials of education departments) towards sexuality education. The results of this study are expected to inform education and health departments, schools and relevant community and social service organizations, to raise awareness of the need for sexuality education and advocate for more support for comprehensive sexuality education in schools, and to create supportive school and community environments to facilitate the delivery of comprehensive sexuality education.

The research objectives were:

- To understand how sexuality education is implemented in middle schools, including the curriculum model, content, teaching methods, class hours, student feedback, teaching capacity and teaching materials.
- To understand the perceptions and attitudes of school principals and teachers towards sexuality education in schools.
- To understand students' knowledge, skills and attitudes related to sexual and reproductive health, sexuality and gender.
- To identify successes and weaknesses in the implementation of school-based sexuality education and to propose recommendations for policy and programming.

## 2.2 Method

### Research locations

The study involved a cross-sectional review of the implementation of school-based sexuality education in 30 schools across six provinces and municipalities in China (Beijing, Heilongjiang, Shanghai, Sichuan, Yunnan and Zhejiang). A mixed method was used, which included a questionnaire distributed to students, teachers and school principals, and in-depth interviews with key informants, including teachers, school principals and government officials in the education sector.

Information about the six provinces/municipalities involved in the study is presented in Table 1.

Prior to distributing the questionnaires and conducting the interviews, the research team identified whether the provinces/municipalities had already developed plans and policies mandating sexuality education.

The team found that:

- Beijing Municipality had included puberty education in its school-based HIV and AIDS prevention education work.
- Heilongjiang Province had developed a provincial plan of action on child development that requires provision of sexual and reproductive health education.
- In Shanghai, the government had issued a regulation on child protection in 1987 requiring families and schools to provide puberty education.
- Sichuan Province had issued an action plan to enforce the compulsory education law, which includes requirements for schools to conduct 'puberty education'.
- Yunnan Province had mandated school sexual health education via its 'Living, survival and life' programme.
- In Zhejiang Province, the provincial guidelines on population and adolescent sexual and reproductive health education, mandated sexual physiology, psychology, morality and health care and outlined the contents and approaches.

Please refer to Appendix 2 for a detailed list of the relevant plans and policies in each province and municipality.



**Table 1. Information about the selected provinces/municipalities**

	Shanghai	Beijing	Zhejiang	Heilongjiang	Sichuan	Yunnan
Population (millions)	24.15	21.15	54.94	38.35	81.07	46.87
GDP (millions RMB)	116.58	88.79	176.33	70.81	96.57	42.6
GDP per capita (RMB)	65473	57431	35730	18463	11708	9459
Ranking in GDP per capita	1	2	4	12	25	30
Enrolment rate in junior secondary school (%)	100	100	100	100	100	100
Number of junior secondary schools	519	347	1727	1587	3895	1685

\*Data about population and GDP is from China National Bureau of Statistics, 2014; Enrolment rate and number of schools are from the Ministry of Education, 2014.

## Research instruments

The research team developed questionnaires and interview questions based on those developed by Population Council in partnership with UNFPA, UNESCO and UNICEF in 2014. The team then tested the new research tools in a Grade 7 class in a school that was not one of the 30 schools targeted by the study, and revised the tools based on the test results.

The students' questionnaire collected basic information about student demographics (including age, gender and grade) and students' knowledge, attitudes and skills related to sexual and reproductive health, gender and rights. Most importantly, the questionnaire examined students' experiences in relation to receiving sexuality education in school, including the topics covered, the class atmosphere and degree of comfort felt by the students, the composition of teachers who delivered sexuality education, teaching styles and teaching activities, and teaching and learning materials.

The teachers' questionnaire sought information about teachers' experiences in delivering sexuality education, the textbooks they used, the teaching methods they adopted, the content covered, the training they had received, the level of comfort they felt when teaching the topics, and their overall attitudes towards gender, sex and sexuality education.

The principals' questionnaire explored their opinions on how schools should conduct sexuality education, how parents and communities have been involved so far, how they responded to school-based sexuality education, and so on.

The interview questions covered topics such as how sexuality education has been conducted in the local communities/schools, the interviewees' attitudes and opinions regarding sexuality education, and the perceived opportunities and challenges in conducting sexuality education.

## Sampling

The study used the purposive sampling method to select the participating schools. A total of 30 schools across six provinces/municipalities were selected, based on recommendations from experts in the field and key informants from each of the selected provinces/municipalities, and in consideration of the willingness of the schools to participate. Coincidentally, the six provinces demonstrated some diversity in terms of geographical location and level of economic development. The sample schools included 28 public schools and 2 private schools (one ordinary private school and one serving rural migrant children), and met the following criteria:

- Sexuality education is delivered as part of the school curriculum.
- Sexuality education has been implemented for at least one academic year (or two semesters).
- Some teachers have been designated to teach sexuality education.
- Leadership support is available for the study.

The characteristics of the schools that participated in this study are summarized in Table 2.

The cluster sampling method was used to select 140 students in each of the targeted schools, with 70 students from Grade 7 (normally the first grade in middle school) and another 70 from Grade 8 (normally the second grade in middle school).<sup>1</sup>The purpose of surveying students from two grades was to explore any differences between grades in terms of sexuality education. One or two classes in each grade were chosen, depending on the class sizes at the schools.

The research team also selected five teachers from each school (teachers who had taught sexuality education) and all of the principals from the 30 schools.

In total, 4,737 students, 151 teachers and 29 principals from the 30 schools completed the questionnaire (their characteristics are summarized in Table 3), with informed consent. The response rates for the students, teachers and principals were 99.62 per cent, 99.34 per cent and 96.67 per cent, respectively.

**Table 2. Information about the selected schools**

Number of selected schools	30
Proportions of the public and private schools	Public schools: 28 Private schools: 2
Location of the schools	In inner city areas: 18 schools (60%) In suburban areas: 12 schools (33.33%) In rural areas: 2 schools (6.67%)
Proportions of the students in Grade 7 and Grade 8 across all schools	Of Grade 7: 50.83% Of Grade 8: 49.17%
Average number of the students per school	1,585
Average number of the teachers per school	153
Average dropout rate per school	1.46%w

## Data collection and analysis

The research team conducted two rounds of data collection, one round in each of the two semesters of the school year of 2014/15. The students filled in the questionnaires anonymously and independently on the computers in the schools' computer classrooms. This process took each participant about 30 minutes. Compared with the traditional printed questionnaire, the computer-assisted anonymous survey had the advantage of ensuring privacy of the participants and enhancing the accuracy of the responses, as well as improving compliance of the participants.

Teachers and principals filled in printed questionnaires anonymously in the schools' meeting rooms. This process took each participant about 15 minutes. Research assistants were on site during the process to explain the purpose and methods of filling in the questionnaire, and to respond to questions from the participants. Each participant was given a small gift as a token of appreciation.

The data collected through the students' questionnaires were appended by Sawtooth and then exported to a Stata file for analysis. The data collected from teachers' and principals'

1. Heilongjiang Province adopts a system of four years in middle school, where Grade 7 and Grade 8 are grades 2 and 3 instead.

**Table 3. Characteristics of the selected students, teachers and principals**

Group	Number	Sex	Average Age	Other
<b>Students</b>	4,737 (2,408 Grade 7 + 2,329 Grade 8)	Male: 51.66% Female: 48.34%	13.14	
<b>Teachers</b>	151	Male: 21.19% Female: 78.81%	37.80	Average years of teaching: 14.98 (including 9.93 years of teaching sexuality education) Proportion of teachers teaching the following subjects: <i>Natural sciences: 41.06%</i> <i>Arts, social sciences: 40.40%</i> <i>Psychology: 17.88%</i> <i>Adolescence: 13.91%</i> <i>Class meeting: 13.25%</i> <i>Hygiene/health: 7.28%</i> <i>Physical education: 2.65%</i> <i>Others: 4.64%</i>
<b>Principals</b>	29	Male: 53.57% Female: 46.43%	42.79	

questionnaires were entered into a database using EpiData 3.1 by two data entry assistants, with the logical skips and value ranges pre-set to minimize data entry mistakes. The datasets were then transferred into the Stata file for analysis.

As the study sample was not representative, the research team adopted descriptive methods to analyse the data. In this publication, the qualitative results are presented separately or used to complement the quantitative results.

The interviews were in-depth and semi-structured and were conducted concurrently with the questionnaire survey at each location. In each province/municipality, the research team interviewed four or five teachers, four or five principals, and two local government officials or individuals involved in sexuality education. A total of 70 key stakeholders participated in the interviews. The characteristics of the respondents are summarized in Table 4.

The research team provided the interviewees with information about the study and the interviewees participated voluntarily. With the interviewees' consent, the research team made audio recordings of each interview in addition to taking notes to help with the later transcribing and analysis. The interviews were conducted in quiet offices or conference rooms, lasting around 40 minutes each. At the end of each interview session, the researchers gave each interviewee a small gift to express their gratitude.

The audio recordings of the interviews were transcribed in Chinese, the language used for the interviews. Two code analysts then coded the transcriptions, separately, using Atlas.ti 7, a software tool for qualitative analysis. The research team adopted some codes from the list of codes preset according to the outline of in-depth interviews, and the code analysts created some codes when reading the transcriptions and doing the coding. In the coding process, the two code analysts periodically checked on each other to ensure consistency in the coding. Any code that was not used consistently or was vague in meaning was reported to the principal researcher, who made the final decisions regarding how to deal with them.

**Table 4. Characteristics of the key stakeholders interviewed**

<b>Number of key stakeholders</b>	70 persons
<b>Percentages of males and females</b>	Male: 22 persons (31.43%) Female: 48 persons (68.57%)
<b>Percentages of teachers, principals and government officials</b>	Teachers: 25 persons (35.71%) Principals: 32 persons (45.71%) Government officials: 13 persons (18.57%)
<b>Average years of work experience in the current position</b>	7.67 years

## 2.3 Ethical clearance and quality control

The Ethical Committee of Shanghai Institute of Planned Parenthood Research (SIPPR) conducted an ethical clearance of this study, based on national and international ethical principles and policies.

SIPPR wrote to the selected schools to provide them with basic information about the study objectives and procedures and to obtain their agreement to participate in the study. Verbal consent was obtained from students during classes. Consent from parents was obtained at parents' meetings. Consent was also sought from all individual teachers and principals who participated in the questionnaires and interviews.

The SIPPR research team visited every research site for data collection. The team members were provided with training on administering the questionnaires and the interview methods. The data manager monitored the process of administering the questionnaires, and the principal researcher monitored the process of conducting the interviews. The research team backed up the data every day to ensure data safety.

The research team used logical skips and value ranges in the digital questionnaires to enable automatic checking in the survey process. Double data entry was practiced for the data collected through the hard copy questionnaires for teachers and principals, so as to minimize possible mistakes. For the collection of the qualitative data, the principal investigator supervised the interviewers closely by communicating with them frequently and compiling interview notes and audio recordings on a daily basis.

## 2.4 Limitations

The research team used a purposive sampling method rather than a representative one, so the results are not representative of the six provinces/municipalities covered, but are only indicative of schools that claim to have provided sexuality education. However, the six provinces/municipalities have different social-economic levels, which gave the research a wider representation. But only two of the 30 surveyed schools were rural schools, hence the results mainly reflect the situation in inner city and suburban schools.

The study relied heavily on direct reports from the participants, with the result that the data may be skewed by memory bias. Similarly, the interview responses may have been skewed by the social expectations bias. The wording of the questionnaire may also have affected the results. The questionnaire used the term 'adolescent health education' to describe 'sexuality education', but some schools describe this subject using different terms, with titles such as 'life education' and 'adolescent education', so it is unlikely that every respondent had the same understanding of the meaning of 'adolescent health education'.

# 3

## RESULTS

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The study explored how the 30 schools from six provinces implemented sexuality education.

The results of the study are presented below in three parts:

- Status of the implementation of sexuality education.
- Students' knowledge, skills and attitudes about sexuality.
- Supporting systems for the implementation of sexuality education.

One school stood out in many aspects in comparison to the other schools, and was therefore identified as an 'exemplary school' that can serve to showcase good practices in the implementation of sexuality education.

## 3.1 Status of implementation of sexuality education

The study identified the schools' approaches to sexuality education, the content, the number of hours devoted to sexuality education, the teacher qualifications, teaching methods and capacity, as well as the availability and use of relevant teaching and learning materials.

### 3.1.1 Integrated approach to sexuality education

School-based sexuality education can be delivered through a stand-alone course, with dedicated class hours, and/or via an integrated approach, without specific dedicated class hours. The integrated approach has two types: using class hours of other subjects to deliver sessions on a specific sexuality education topic, or integrating sexuality education content into the teaching of other subjects (e.g. introducing the topic of pregnancy in a biology class).

In response to the question, 'Is there a stand-alone course on sexuality education [at your school]?' respondents from the same schools gave different answers, suggesting that the respondents understood the question in different ways. Although the majority of students answered 'yes' to this question, the responses to the in-depth interviews with teachers and principals revealed that all of the schools had in fact adopted the integrated model. Accordingly, the research team treated the responses from teachers and school principals as the reliable data. Below are some of the responses to the interview questions:

*In our current education system, there is no requirement for class hours on sexuality education, and schools have no specialized teachers or dedicated class hours. Naturally, there is no formal sexuality education in schools. (Female teacher who is also the associate director of a research centre on sexuality education in a higher education institution, with ten years in her current position.)*

*We don't have a specific subject on adolescent health, but the total number of hours we devote to this topic is substantial. For example, the biology class covers physiology, and the moral education and hygiene class also includes relevant content. We also have lectures. Last semester we organized two big lectures for students in Grade 7 and Grade 8, with boys and girls in different groups, to address the*

*confusion they face in adolescence. One advantage for us is that we have benefited from the support of social service organizations. (Deputy party secretary in the exemplary school; male, with two years in his current position.)*

*Our school organizes collective lectures on adolescence every semester. Minor problems are addressed by head teachers in class meetings, three times a semester. The school has standard teaching plans and activity guides, which every head teacher can make use of. In addition, the school has three psychological counsellors and they share the responsibility of providing individual and group counselling services. (Female teacher and part-time psychological counsellor in the exemplary school, with two years in her current position.)*

The researchers examined the curriculum schedules of 15 of the selected schools and found that none of the schools had a stand-alone course on sexuality education. This supported the findings of the interviews. A typical curriculum schedule for Grade 7 (see Table 5) showed no separate course or dedicated class hours for sexuality education, and the researchers could only assume that sexuality-related content had been integrated into the classes for biology and psychology and into class meetings. The research team's examination of the schedule for Grade 8 found no psychology class, suggesting fewer opportunities in Grade 8 than in Grade 7 for delivering sexuality education.

The exemplary school did not have a separate course on sexuality education timetabled into its overall curriculum schedule, but it did have a separate timetable (see Table 6) for adolescence education, which lists the topics as well as the delivery channels and class hours. In this way, the school ensures the delivery of sexuality education.

The research team found a lack of consensus among the interviewees regarding whether or not schools should have a separate course on sexuality education.

Those who answered 'no' to the question: 'Do you think schools should have a separate course on sexuality education?' held the following opinions:

*Sexuality education should be integrative rather than segregated [into different subjects].*

*Though it may not be the most effective approach and it tends only to scratch the surface sometimes, integrating sexuality education into other subjects still seems a feasible way to proceed in the current situation.*

Table 5. The curriculum schedule from the exemplary school for adolescence education

No.	Time	Contents	Teaching methods	Hours
<b>Grade 7</b>				
1	March 2015	The birth of a new life	Class teaching	2
2	March 2015	Becoming mature	Class teaching	2
3	March 2015	Psychological health care during puberty	Research-based study	1
4	March 2015	Be a happy girl	Lecture	1
5	April 2015	Entering puberty	Class teaching	1
6	April 2015	Reflecting on puberty	Class teaching	1
7	April 2015	Celebrating puberty	Class teaching	1
8	April 2015	Adolescents and rule of law	Class meeting	1
9	May 2015	Photo exhibition about AIDS prevention	Photo exhibition	1
10	June 2015	The Boy-Girl relationship	Class meeting	1
11	June 2015	Self-protection	Class teaching	2
<b>Grade 8</b>				
1	March 2015	My puberty, my right	Class meeting	1
2	April 2015	Boys and girls	Class teaching	1
3	April 2015	Classmates, friends, teachers	Class teaching	2
4	April 2015	Adolescents and the rule of law — Prevention of juvenile crimes	Lecture	1
5	April 2015	The Boy-Girl relationship	Class meeting	1
6	May 2015	Photo exhibition on AIDS prevention	Photo exhibition	1
7	June 2015	Equality and respect	Class teaching	1

*Sexuality has already been covered in other subjects (e.g. biology and moral education) so there is no need to set it as a separate course.*

*Sexuality education is under-appreciated and teachers' colleges aren't training specialized teachers, so it is pointless to set it as a separate course.*

*The already crowded curriculum schedule makes it impractical to squeeze in yet another subject.*

A female government official who had worked in the Department of Sports, Health and Arts Education of the Education Commission of one of six provinces/municipalities for eight years remarked,

*I think [sexuality] should be taught in an integrated manner. There is no need to conduct this type of education on sexual health [separately]. For example, a history teacher should be able to introduce certain elements related to sexuality during the history class. I think our country has been avoiding this topic for too long, and tends to approach new topics in an isolated way, be it health education or HIV and STI prevention. This is a problem.*

People who answered 'yes' to the question tended to think that an integrated approach to sexuality education led to shallow and non-systematic learning.

A female school principal who had been in her post for 13 years and was in favour of sexuality education noted that an integrated approach may end up only scratching the surface due to lack of in-depth and comprehensive knowledge and skills among the subject teachers. She felt that the school based curriculum provides an opportunity for sexuality education, and such education can be delivered via cross cutting means across multiple subjects. However, the lack of properly trained teachers poses a key challenge. She noted that,

*An integrated approach to sexuality education is feasible but may not yield as good results as a stand-alone sexuality education course that is part of a school-level curriculum. For example, a biology teacher is able to teach students about body structures but may not be good at touching on students' values and attitudes. I would propose including sexuality education in the school-level curriculum, in the absence of a national curriculum on sexuality education, and then reinforcing it through the already existing health and life education classes and thematic lectures. I want to do this but [the challenge is that] I myself do not have a lot of professional knowledge in this and the school does not have teachers specialized in this field.*

### Carrier subjects

As noted above, all of the schools covered by the study had adopted an integrative approach to sexuality education. The research team designated the subjects that had embedded content related to sexuality as 'carrier subjects'.

When asked where sexuality education is situated and when it is delivered, teachers and students provided similar responses, though students reported a slightly higher level of integration than teachers. The top five carrier subjects identified by the study were: psychological health, social science (moral education and other social sciences), science (biology and other natural sciences), class meetings, and hygiene and health care (Figure 1).

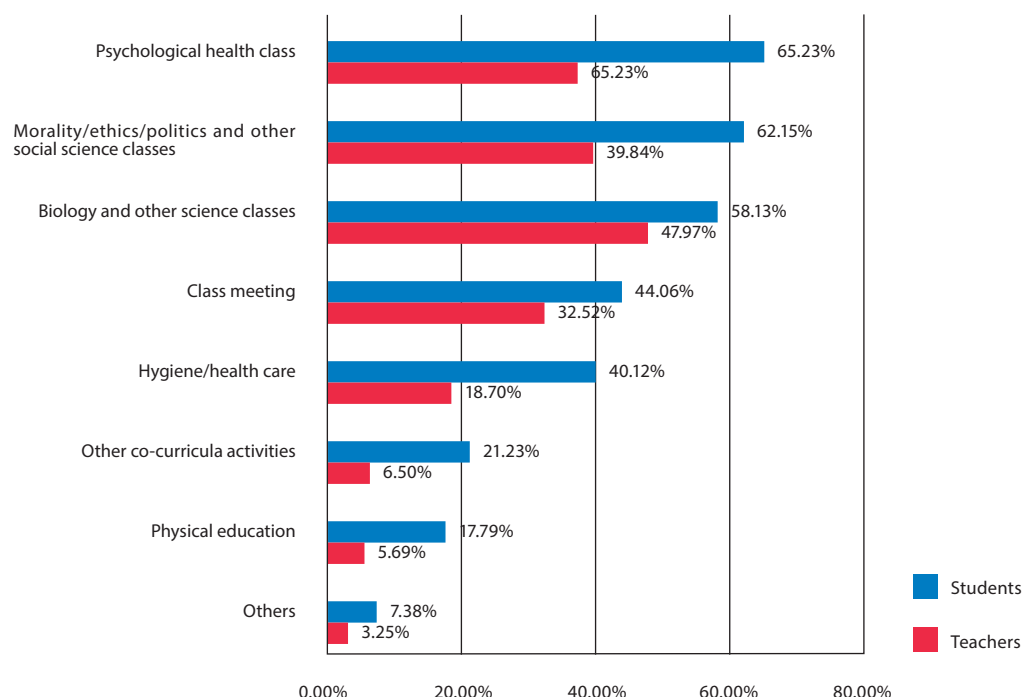
Almost all (96.71 per cent) of the students (in both grades 7 and 8) reported that they had received sexuality education. According to the responses to the interviews with teachers and principals, sexuality education was conducted mainly in the second semester of Grade 7 and in the first semester of Grade 8.

Some interviewees felt it was more appropriate to conduct sexuality education for girls in the second semester of Grade 7 and for boys in Grade 8, because girls tend to reach puberty earlier than boys.

*In the second semester of Grade 7, girls are used to the new environment and start to develop feelings towards high-grade students. But most boys continue to be playful and only start to show curiosity about girls and their own image in Grade 8. (Female psychology teacher, with 12 years in her current position.)*

*According to the teachers who teach Grade 9, sexuality education for Grade 9 students is highly compromised due to the emphasis in Grade 9 on preparing for the exams that are required for students to be able to proceed to senior high school. But for Grade 9 of my school; let's be honest, in order to get good results in the exams (for entering high school), the life and health class becomes irregular. Unlike in Grade 7 and Grade 8, when it is conducted every week. The class hours planned for life and health education are sometimes occupied by exams. (Female teacher responsible for life education, with five years in her current position.)*

Figure 1. "Carrier" subjects for CSE , reported by students and teachers





### 3.1.2 Teaching hours

As all of the schools that participated in the study adopted an integrative model for sexuality education, they did not have a particular frequency for teaching the subject and did not have a specific number of hours allocated to it. The schools did not all use the same carrier subjects and the amount of content related to sexuality education contained in those carrier subjects also varied.

The respondents reported psychological health to be a main carrier subject for sexuality education, but the study found that the frequency and class hours for this subject varied from school to school. Some schools offered it weekly and some once every two weeks; some only offered it to Grade 7 students. Furthermore, there did not seem to be a standard content framework for teaching psychological health.

Overall, little time was allocated to sexuality education within the carrier subjects. Teachers and principals reported that the time allocated to school-based sexuality education tended to fluctuate considerably, with one to eight class hours allocated to the subject per semester for grades 7 and 8, and even fewer hours in Grade 9. The biology class offered to students in grades 7 and 8 covers puberty and reproduction, as was estimated as occupying four to eight hours of class time.

The general pattern detected from the interview responses was that even school principals and teachers were not very clear about the amount of time dedicated to sexuality education and the breadth of the content. Furthermore, even when teaching hours for sexuality education were scheduled, they could be squeezed out easily by subjects perceived as having greater priority.

*The psychology class is available for Grade 7, once a week. Class meetings are conducted twice every semester and they cover some content [related to sexuality education]. As for the biology class, to be honest, I am not sure how much relevant content is contained in it, because it is based on the*

*standard textbooks. The head teachers also provide some ad-hoc education to their students as and when appropriate. (Female vice-principal, with two years in her current position.)*

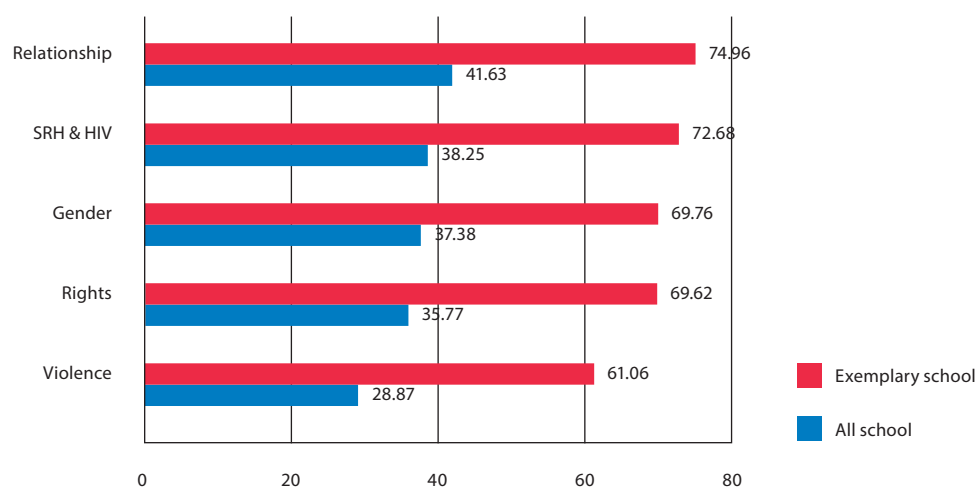
*We were providing adolescence education once a week for a long time. But due to curriculum overloading, this was changed to once every two weeks. Now, we have merged [adolescence education] with the psychology subject. (Female psychology teacher, with 15 years in her current position.)*

### 3.1.3 Concepts and topics covered

The questionnaire covered 36 topics under five key sexuality education concepts. These five concepts were: relationships, sexual and reproductive health (SRH) and the Human Immunodeficiency Virus (HIV), gender, rights and violence (please refer to Appendix 3 for the key topics covered in the questionnaire).

To understand to what extent the surveyed schools covered the key concepts and related topics in lessons, the research team assigned points to the students' responses. If, for example, a respondent selected the option 'covered', then the topic scored 1, while if the option 'not covered' or 'not sure' was selected, then the topic scored 0. The score for each key concept was calculated by taking the total of the scores of the topics under the key concept and dividing by the number of questions, and then multiplying by 100, resulting in a score between 0 and 100.

As shown in Figure 2, in general the five key concepts were covered poorly, with 'violence' being the least-covered concept. The exemplary school showed much better coverage of all the key concepts (Figure 2 and Table 6). In all schools, Grade 8 had better coverage of the key concepts than Grade 7 (Table 6).

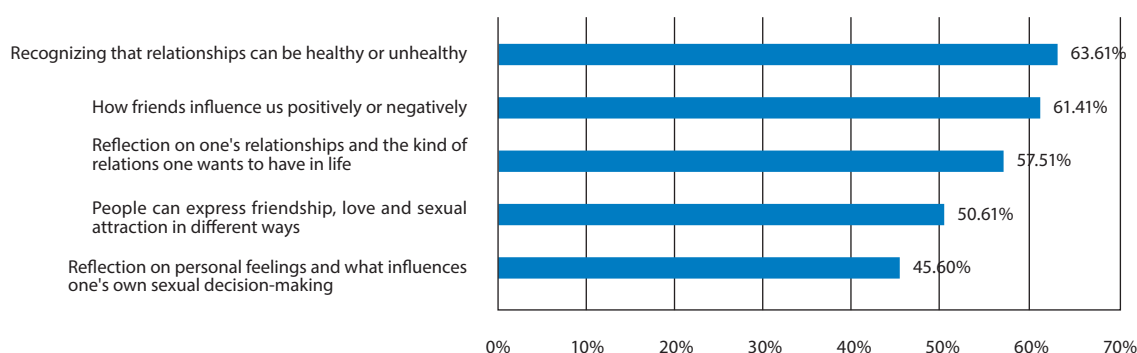
**Figure 2. Coverage of Key Concepts of Sexuality Education****Table 6. Coverage scores for the key concepts of sexuality education in Grades 7-8**

Themes		Grade 7	Grade 8	Total
Relationships	All schools	37.82	45.56	41.63
	Exemplary school	71.55	78.00	74.96
SRH and HIV	All schools	33.91	42.74	38.25
	Exemplary school	75.47	70.21	72.68
Gender	All schools	34.80	40.05	37.38
	Exemplary school	75.12	65.00	69.76
Rights	All schools	31.46	40.23	35.77
	Exemplary school	67.08	71.88	69.62
Violence	All schools	24.78	33.10	28.87
	Exemplary school	57.46	64.25	61.06

The research team analysed how each topic (represented by a question) under the five key concepts was covered, as described below.

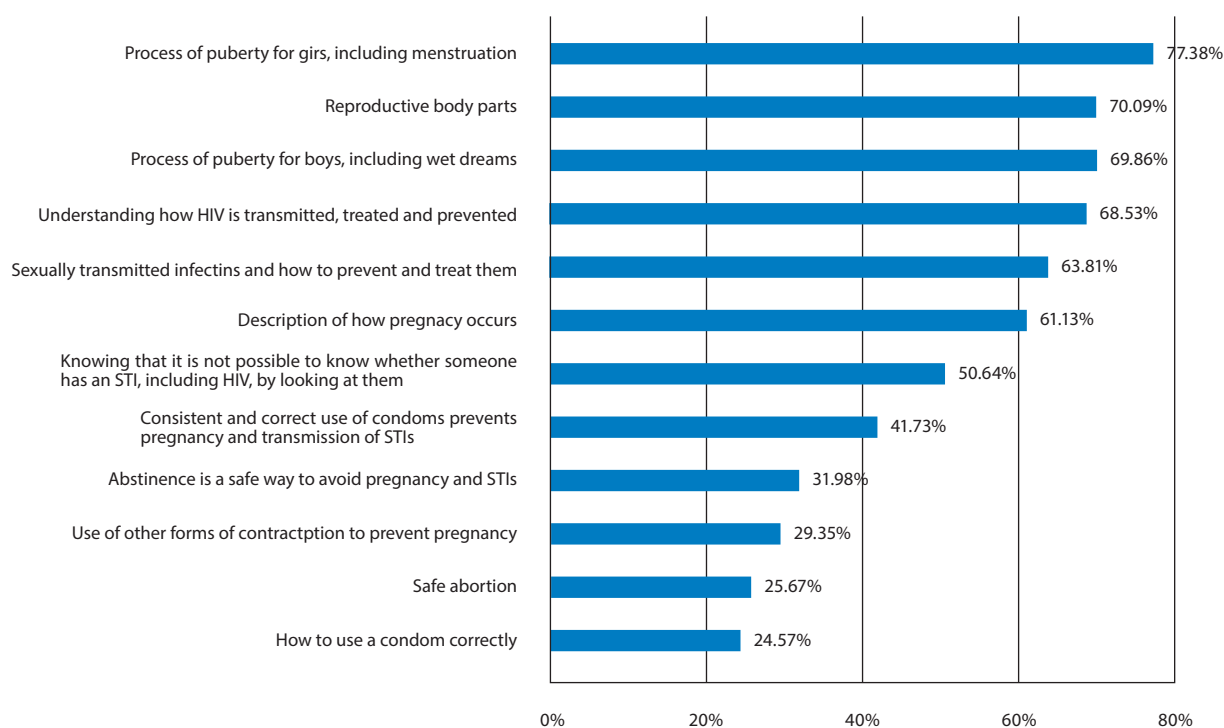
### Relationships

The key concept 'relationships' had five questions (representing five topics) in the questionnaire. The coverage rates for these topics ranged between 46 per cent and 64 per cent (Figure 3). These low coverage rates indicate a need for greater attention to learning about the social and emotional aspects of sexuality education.

**Figure 3: Coverage rates of the concept “relations,” as reported by the students**

### SRH and HIV

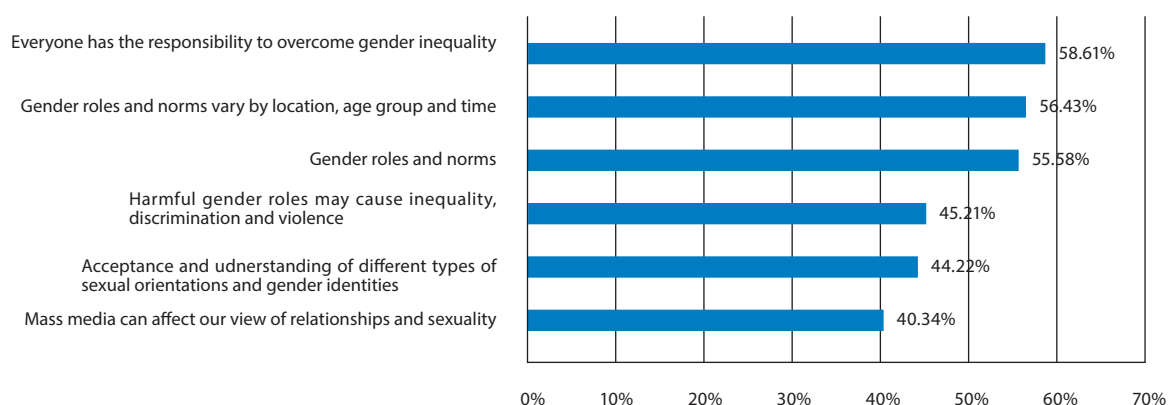
The key concept 'SRH and HIV' had 12 topical questions. The coverage rates for these topics varied greatly, ranging from 25 per cent to 70 per cent (Figure 4). The topics of condoms, contraception and abortion were covered the least, with only a quarter to a third of students reporting learning about these topics. The absence of such education puts students in a vulnerable position, even though they might have knowledge about HIV and AIDS, STIs and reproduction.

**Figure 4. Coverage rates of the concept “SRH/HIV,” as reported by the students**

## Gender

The key concept 'gender' had six questions. The scores assigned to the questionnaire responses resulted in coverage rates below 60 per cent for all six topics (Figure 5). The responses indicate that although nearly 60 per cent of the students may have learned about the importance of gender equality, only around 40 per cent of the students had learned about sexual orientation and gender identity or reflected on gender inequalities. In particular, little attention seems to have been given to students' media literacy, which would enable them to understand the impact of mass media on sexuality and relationships.

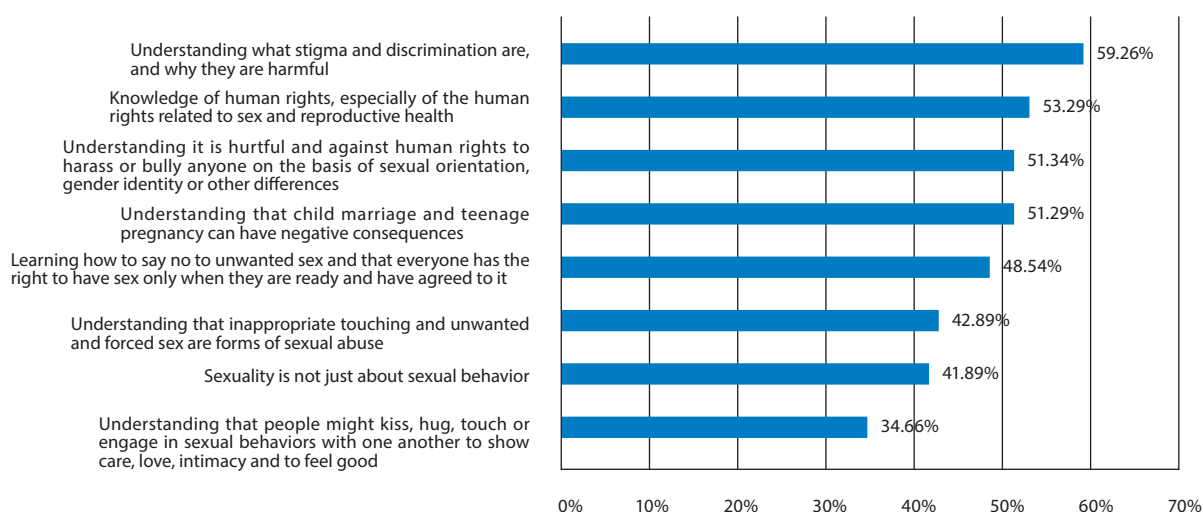
**Figure 5. Coverage rates of the concept of "gender," as reported by the students**



## Rights

The key concept 'rights' had eight questions. The coverage rates for the eight topics were all below 60 per cent (Figure 6). The least covered topic was 'people can express care, affection and intimacy in different ways' (34.66 per cent), indicating a particular lack of attention to people's rights to sexual pleasure. More attention was paid to violations of human rights, through providing information about negative behaviour such as discrimination, bullying, sexual harassment and abuse.

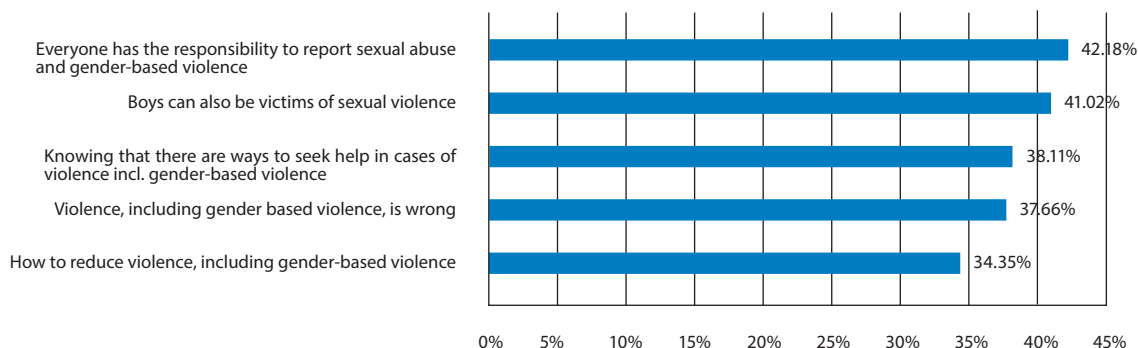
**Figure 6. Coverage rates of the concept "rights," as reported by the students**



## Violence

The key concept ‘violence’ had five questions. The coverage rates for all five topics were below 50 per cent (Figure 7), which indicates a great need to strengthen coverage of this concept.

**Figure 7. Coverage rates of the concept “violence,” as reported by the students**



Overall, the responses to the questionnaires and interviews indicate that school-based sexuality education tends to focus more on topics such as puberty, HIV/AIDS and STIs, friendship and interpersonal relations, and pays less attention to the important topics of violence, including gender-based violence; sexual and gender diversity; contraception; and abortion.

Some principals noted that teachers tended to avoid touching on these topics due to the teachers’ limited knowledge and capacity regarding the topics.

*Currently, we do not cover this content [sexual psychology, sexual physiology, prevention of sexual abuse, self-protection, and unintended pregnancy]. There are no qualified teachers, so this class becomes very special, and I would rather not have this [sexuality education class]. We have not explored [sexuality education] in-depth, but our teachers [head teachers] might implicitly convey some of it. (Female school principal, with eight years in her current position.)*

*Our current teaching may not [cover this information]. I don’t remember seeing that happen when observing the classes. The teachers mention physiological changes such as the onset of menstruation for girls and the appearance of the Adam’s Apple in boys. But they avoid explicit mention of sexual terms, including the names of genitalia. The teachers do not have professional knowledge, so they are afraid or unable to talk more in depth. (Female school principal, with 13 years in her current position.)*

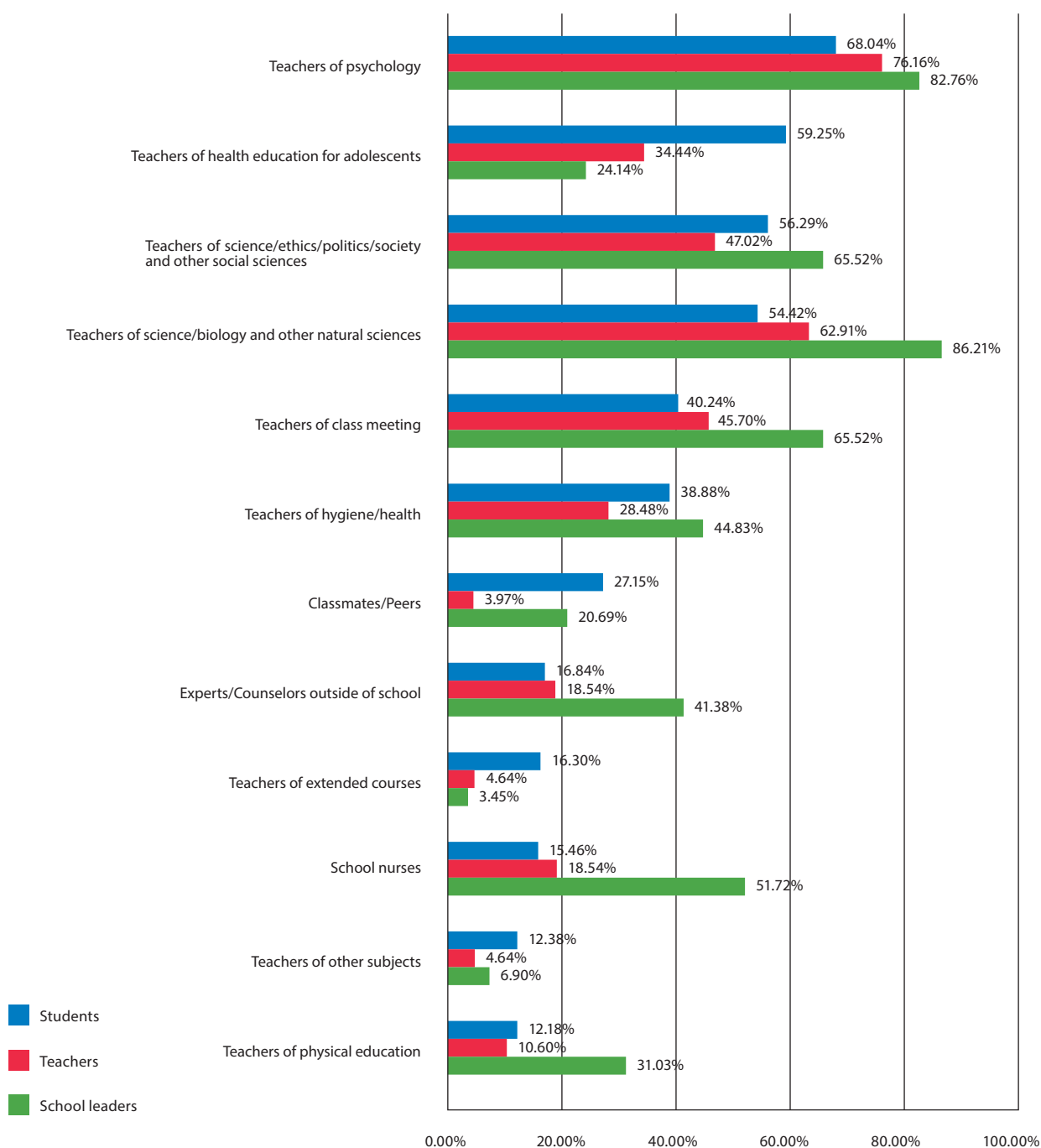
### 3.1.4 Sexuality education teachers

According to the students' responses to the questionnaire, the teachers who tend to conduct sexuality education are the teachers for psychological health, adolescent health education, and moral education, politics and social studies. According to the teachers, those responsible for sexuality education are the teachers for psychological health, science/biology, and moral education, politics and social studies. School principals reported that the responsible teachers were those for science/biology, psychological health, head teachers, and teachers for moral education, politics and social studies.

As Figure 8 shows, overall, the teachers of psychological health, biology, and moral education, politics and social studies stand out as those mainly responsible for delivering sexuality education in schools. The responses to the interviews indicated, however, that many teachers think head teachers should also be responsible for conducting sexuality education (some head teachers also teach an academic subject, which could be one of the carrier subjects for sexuality education). The teachers felt this way because head teachers have more authority among students and therefore tend to be more convincing. The teachers also felt that the head teachers have a greater impact on students in terms of character development. Furthermore, head teachers conduct mandatory class meetings and therefore have the opportunity to devote a fixed amount of time to sexuality education.

Although there is a national curriculum standard for physical education and health (PEH) as an official school subject, and although the national health education guidelines have the most relevant and explicit requirement for education content related to sexuality education, physical education teachers are the least likely to deliver sexuality education, as shown in Figure 8.

**Figure 8. The percentage of teachers teaching different CSE " carrier" subject reported by students, teachers and school leaders**



### 3.1.5 Teaching methods and styles

To identify the main teaching methods used by teachers in sexuality education, the questionnaires for the students and teachers listed 22 different types of teaching methods and asked the respondents to choose (from this list) the methods used in their schools. The list included traditional teaching methods such as classroom teaching, lecturing, self-study, videos and in-class quizzes, as well as more participatory approaches such as in-class discussions, group tasks, brainstorming and role-play (Table 7).

The students and teachers listed the following five methods as the most commonly used in sexuality education: lecturing, videos, in-class discussions, group tasks and storytelling. Self-study was reported as a more common method by students than by teachers. Both students and teachers reported that experiential learning methods such as condom demonstrations and visits to clinics and condom-selling shops were rarely used.

Overall, teachers and principals noted that when talking about sensitive topics such as nocturnal emission and menstruation, they tended to teach boys and girls separately,

but they taught all the students together when covering less sensitive topics, such as relationships.

*I think sexuality education should be conducted for boys and girls separately in the beginning, but when it comes to topics like relationships with the opposite sex, boys and girls should be brought together, as this allows the girls to express their opinions about boys, and this mutual understanding will help them become better people. (Female psychology teacher, with 12 years in her current position for 12 years.)*

*I think students enter puberty once they enter middle school. I can talk about things like the Adam's apple and menstruation with both boys and girls present, which is absolutely fine with students. I think they should all have this knowledge of physiology ... but there should be some differentiation. For example, the topic of boys' nocturnal emissions is only taught to boys, or I just ask them to self-study about it. I might touch on certain things during class if I think students need to know. But for more detailed stuff, I think it is more effective to separate boys and girls. (A female life education teacher, with five years in her current position.)*

**Table 7. The teaching methods used in sexuality education, reported by students and teachers (%)**

Teaching methods used	Teachers% (n=150)	Students % (n=3,538)
Class teaching/Lecture	85.33	81.71
Videos	69.33	42.00
In-class discussions	68.00	45.65
Group activities	48.00	32.96
Stories	32.00	32.17
Activities that encourage you to talk to parents about what you have learned	30.00	18.82
Role plays	29.33	15.09
Games	27.33	18.17
Quizzes	22.00	20.12
Post-activity discussion	19.33	28.89
Problem-solving activities	18.00	17.47
Question boxes	16.67	8.96
Brainstorming	15.33	13.48
Worksheets	15.33	14.33
Hotlines	13.33	8.88
Sessions with experts	12.00	14.67
Dramas	11.33	12.15
Self-study	9.33	23.21
Condom demonstrations	4.00	6.92
Clinic visits	2.00	5.74
Visits to stores that dispense condoms	1.33	3.96



### 3.1.6 Class atmosphere

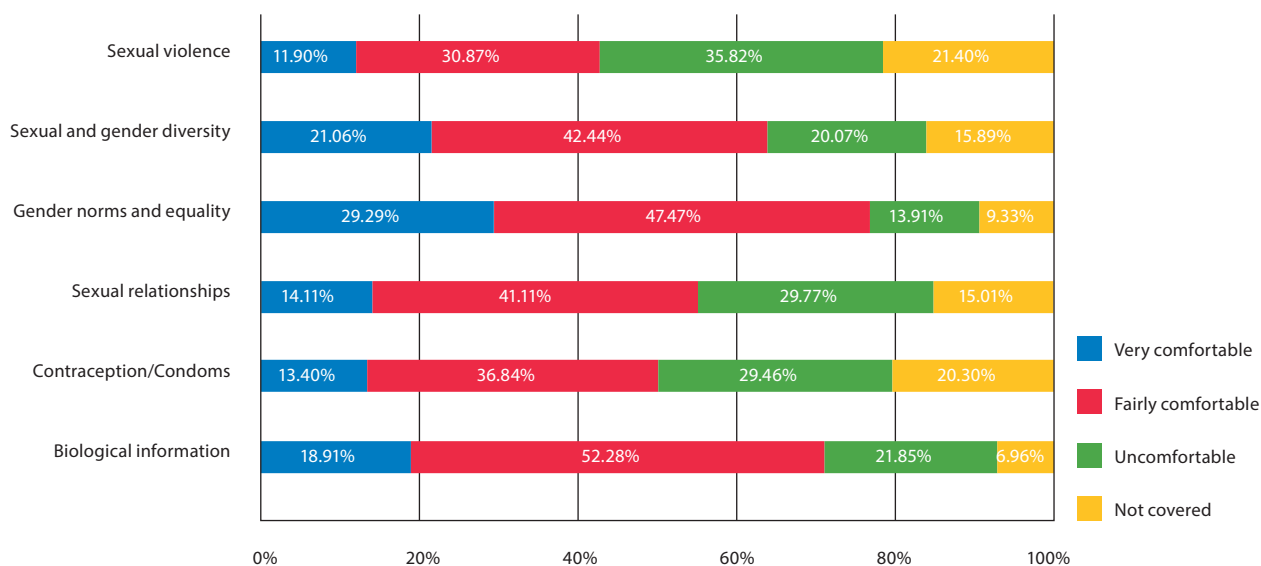
About half (49.51 per cent) of the students reported that the classroom is a safe and comfortable place for discussing the issues related to puberty health. More female students (56.60 per cent) reported so than male students (42.90 per cent), but there was no difference between students from the inner city and suburban schools.

The majority (62.96 per cent) of the students reported that they felt 'fairly comfortable' when teachers conducted sexuality education, and about a quarter of them reported feeling 'very comfortable'. The proportion of the boys feeling 'very comfortable' (29.38 per cent) was higher than that of the girls (18.23 per cent). The level of comfort felt by the students in inner city areas was similar to that of the students in suburban areas.

Many students (over 60 per cent) felt comfortable ('very comfortable' or 'fairly comfortable') when learning about biological information, gender norms and equality, as well as sexual and gender diversity (Figure 9).

Nearly 30 per cent of the students felt 'very comfortable' when learning about gender norms and equality, but about 30 per cent of them felt 'uncomfortable' when learning about sexual violence, sexual relations and contraception/condoms. The highest percentage of students reported feeling comfortable when teachers taught biological information and gender norms and equality, while the lowest percentage of students reported feeling comfortable when teachers taught sexual violence, sexual relations and contraception.

**Figure 9. Proportions of students feeling comfortable when the teachers teach specific topics**

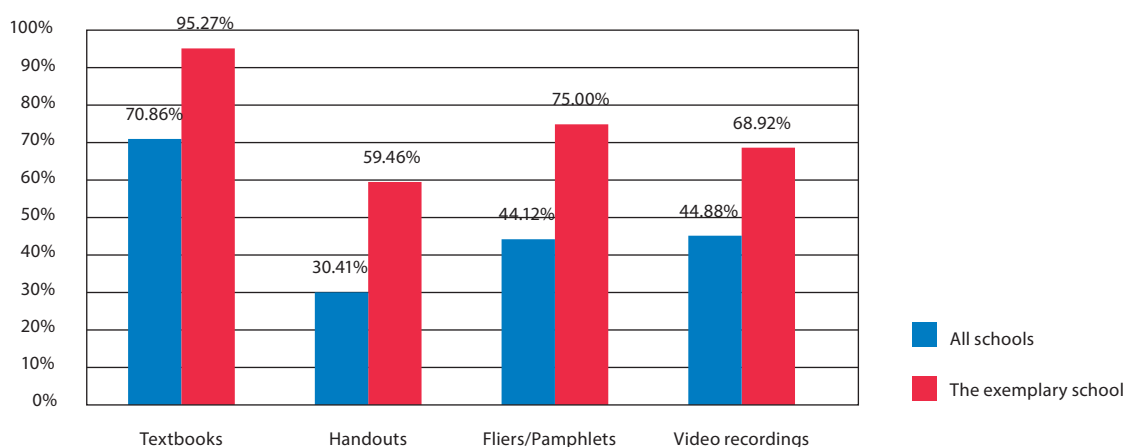


### 3.1.7 Teaching and learning materials

Fewer than half of the teachers reported having a written syllabus or having ownership of a teachers' guide or other teaching materials for sexuality education in their schools. The study found no significant difference between inner city and suburban schools.

About 70 per cent of the surveyed teachers and over 90 per cent of the students reported that they had some kind of relevant learning materials on sexuality education (for students). The students listed textbooks, flyers/pamphlets, handouts and videos as the most common types of materials. A higher percentage of students at the exemplary schools reported having such materials as compared to students from other schools (Figure 10).

**Figure 10. Percentage of students possessing materials relevant to adolescent health education (reported by students)**



Over two-thirds (69 per cent) of the surveyed teachers listed the teaching materials they had used for sexuality education (see list in Appendix 4). These materials were most commonly used in teaching biology (17 per cent), ethics (16 per cent) and science (13 per cent).

Of all of the six provinces and municipalities covered by this study, Heilongjiang and Yunnan were the only two that had published official local textbooks for sexuality education. The Heilongjiang Education Publishing House published *Life Education* (six books in total), which was approved by Heilongjiang Provincial Education Bureau. This textbook was designed for students in grades 7 to 9. The Yunnan Education Bureau endorsed a series of textbooks titled, *Living, Survival, Life*, which were designed for both junior and senior high schools.

Only one school reported using a textbook that specifically focused on sexuality education: a book titled *Adolescent Sexuality Education*. And only one school reported using the publication titled, *Way of Growth*, which was developed by the China Family Planning Association. In Sichuan Province, some schools used a collection of lesson plans compiled by a group of sexuality educators that provided guidance on the integrative model of sexuality education.

The interviewed principals highlighted the lack of standardized textbooks and content framework as a major challenge that hindered sexuality education. They felt there should be textbooks and materials for sexuality education, just as there are textbooks for other subjects, such as Chinese, mathematics and English, to support teachers in delivering education.

In 2010, the State Council issued the *Outline for the Child Development in China (2011-2020)* (Government of the People's Republic of China, 2010), which requires schools to incorporate sexual and reproductive health education into the compulsory education curriculum. As of now, however, no national curriculum requirements exists that covers the full range of sexuality education topics that have been recognized internationally as being necessary and important for the healthy development of children and young people.

Although 40 per cent of the teachers participating in the study reported the use of a 'written teaching syllabus' or a 'teachers' guide', analysis of these materials revealed that the teachers were merely referring to the national and local curriculum standards and requirements for psychology education, moral education, biology, ethics and life education.

The lack of a national curriculum and guidelines makes it challenging for schools to implement sexuality education. As one principal remarked, the schools did not know where to start and what to cover, and were left to decide on their own what to do, which indicates that there are large differences between the various schools' practices.

## 3.2 Students' knowledge, skills and attitudes about sexuality

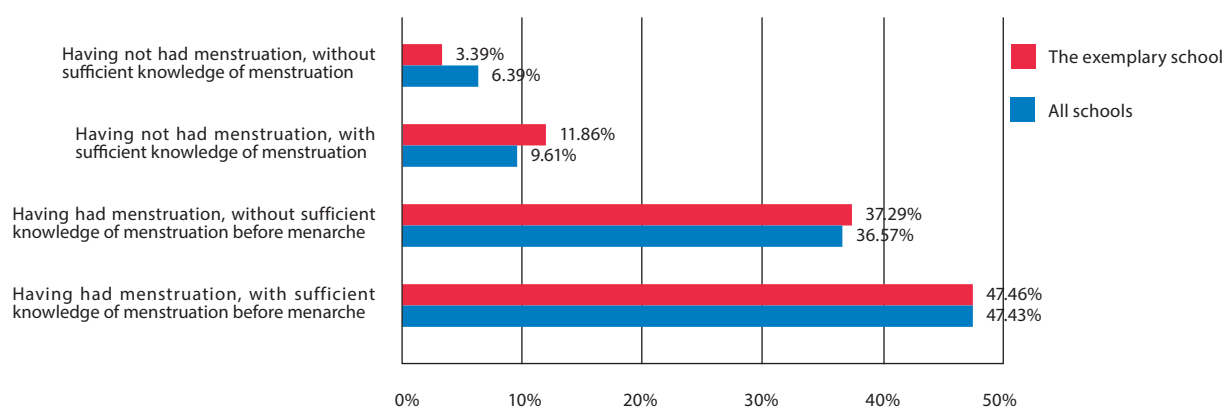
The questionnaire sought information about the students' levels of knowledge, skills and attitudes about sexuality, with a focus on knowledge about menstruation and contraception, and attitudes about menstruation, gender roles and marital and sexual rights, and investigated students' skills and abilities in terms of condom use.

### 3.2.1 Knowledge about menstruation and contraception

#### Menstruation

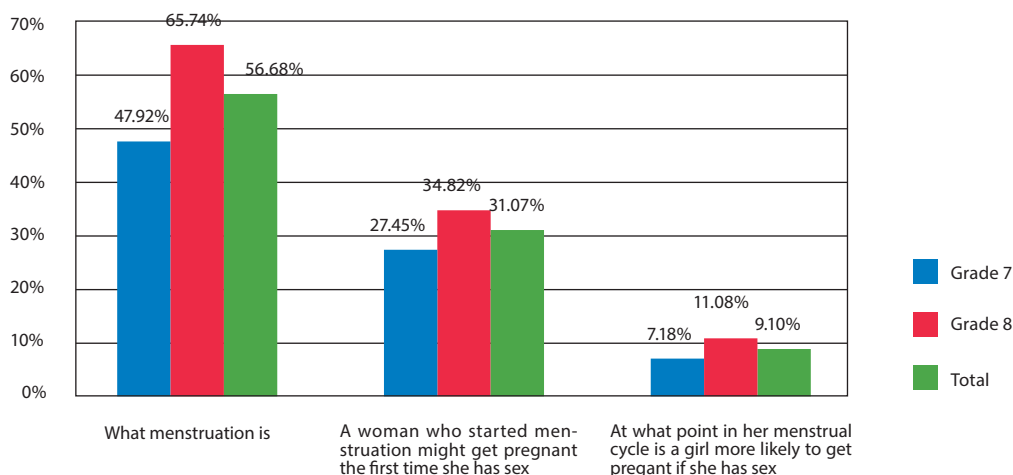
Most (84 per cent) of the girls reported having started menstruating. Fewer than half (47.43 per cent) reported having sufficient understanding of menstruation before menarche (Figure 11).

Figure 11. The girls' knowledge of menstruation



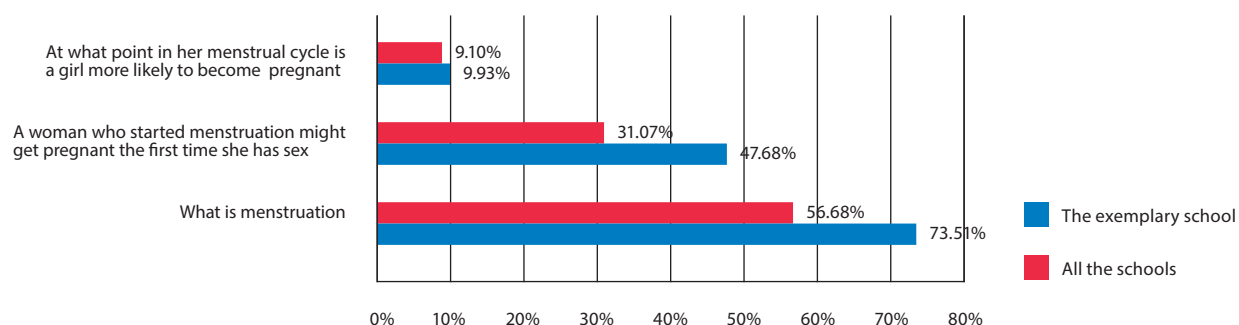
Overall, the students reported a better understanding of puberty than of contraception. Specifically, 56.68 per cent of the students knew that 'menstruation is the regular discharge of blood and tissue from the womb', but only 31.07 per cent knew that 'a woman who has started menstruation might get pregnant the first time she has sex', and fewer than 10 per cent knew the time during a menstrual cycle in which a woman is most likely to get pregnant. On average, the knowledge of the students in Grade 8 was generally higher than that of the students in Grade 7 (Figure 12).

**Figure 12. Students' knowledge accuracy rate regarding menstruation**



In general, the students from the exemplary school had a better understanding than the students of the other schools of the definition of menstruation and how it relates to pregnancy, but they showed equally little understanding about when a woman is most likely to get pregnant during the menstruation cycle (Figure 13).

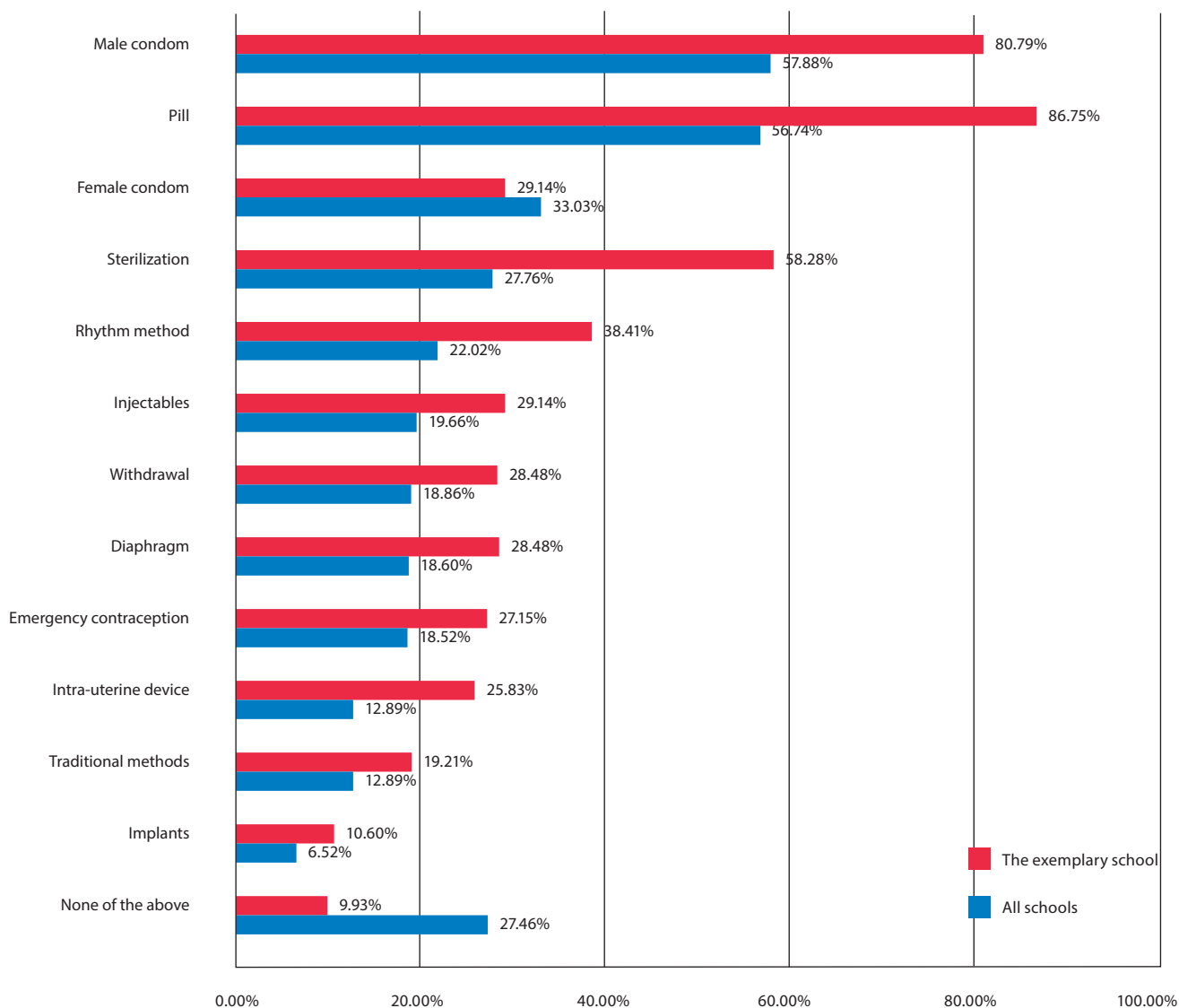
**Figure 13. Students' knowledge accuracy rate regarding menstruation ( all school vs. exemplar schools)**



## Contraception

The two contraceptive measures most known to the students were male condoms and oral contraceptive pills. Over 60 per cent of the surveyed students were aware of these two measures, while around a third (33.03 per cent) were aware of female condoms. Over a quarter (27.46 per cent) of the students reported that they had not heard of any contraceptive measures (Figure 14).

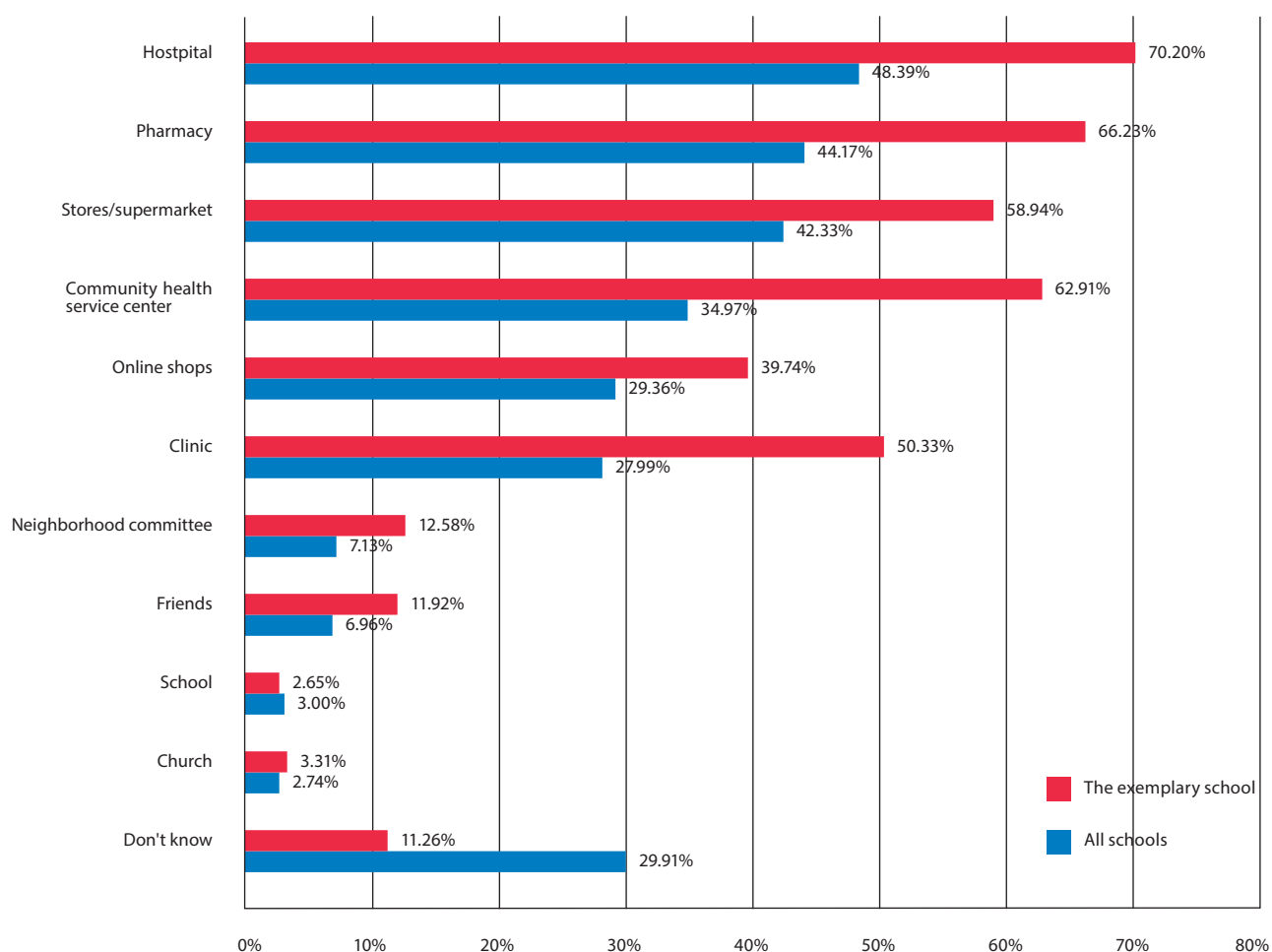
**Figure 14. Contraceptive measures the students have heard of**



Nearly 30 per cent of the students did not know where they could get condoms (Figure 15). The students who reported being aware of where to obtain condoms most commonly listed the hospital, pharmacy and stores/supermarkets as places to obtain them.

In general, students from the exemplary school reported a higher level of awareness of contraceptive measures (Figure 14) and where to obtain them (Figure 15).

**Figure 15. The places where condoms can be obtained, as reported by the students**

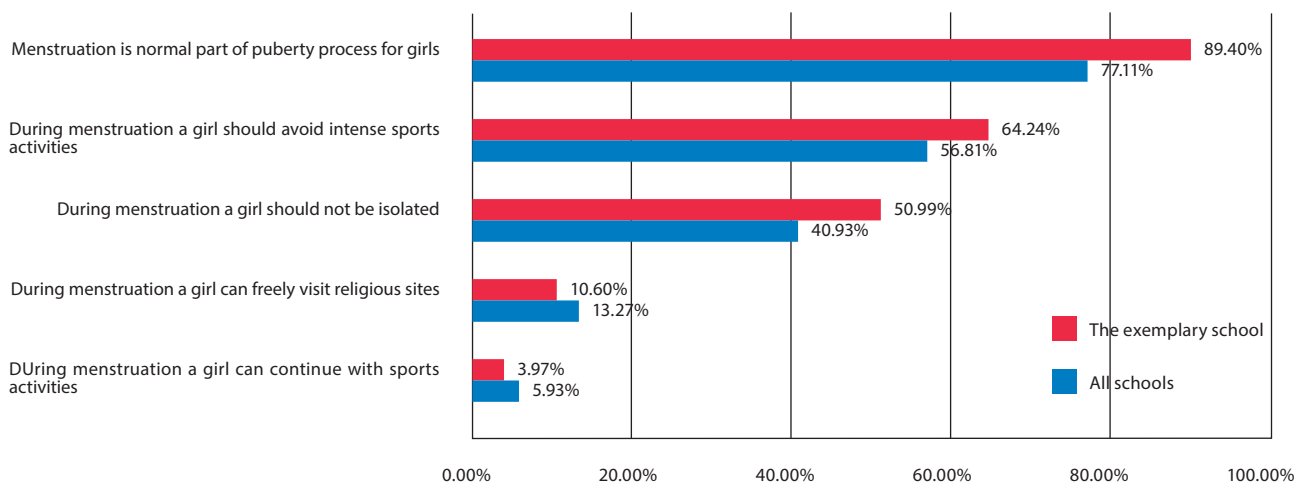


### 3.2.2 Values and attitudes

#### Menstruation

The majority of the students (77.11 per cent) recognized that the onset of menstruation is a normal part of female puberty, but very few of them were free of conventional ideas about women's behaviour when menstruating, with fewer than 6 per cent agreeing that 'girls can continue sports activities during menstruation'. Fewer than half (40.93 per cent) of the students agreed that 'girls should not be isolated during menstruation', and only 13.27 per cent of the students agreed that 'girls can visit religious sites (such as temples) during menstruation'. In general, compared to students from the other schools, a higher percentage of students from the exemplary school considered menstruation to be a normal process rather than a reason for girls to be isolated (Figure 16).

**Figure 16. Students' understanding of menstruation**

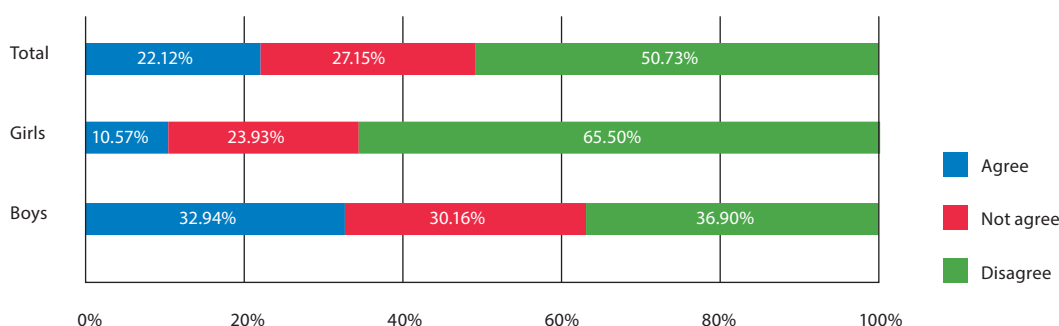


### Gender roles, marital and sexual rights

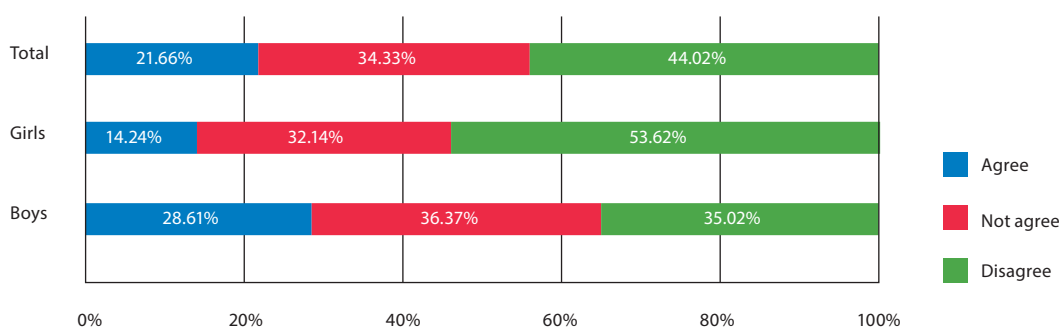
To explore students' perceptions of and attitudes towards gender roles in schools, marriage and families, the students were asked to choose between 'agree', 'disagree' and 'not sure' in relation to listed statements about gender roles and rights.

A third (34.5 per cent) of the girls either agreed with or were not sure about the statement: 'In a family, men should have more say over important decisions than women', while almost two-thirds of the boys either agreed with or were not sure about this statement (Figure 17). Around 14 per cent of the girls and a quarter of the boys agreed that 'It is more important for boys than girls to do well in school' (Figure 18). This indicated significant bias regarding gender roles in families and schools, particularly among the boys. Overall, only about half of the students showed awareness of gender equality in families and schools (Figures 17 and 18)

**Figure 17. Students' perceptions about the statement "In a family, men should have more say over important decisions than women"**



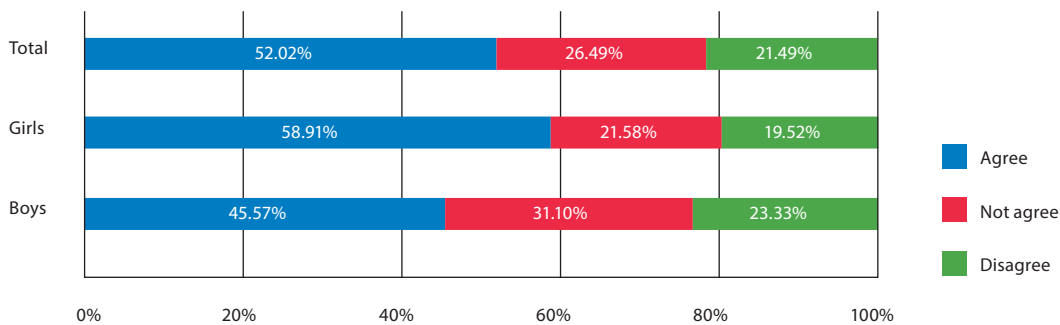
**Figure 18. Students' perceptions about "It is more important for boys than girls to do well in school"**





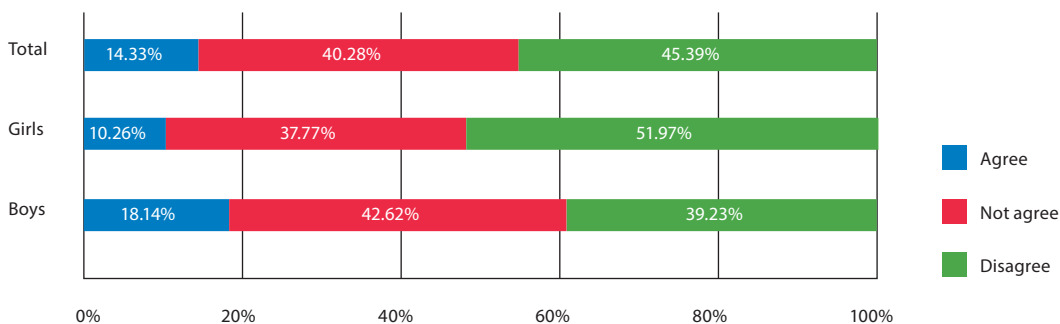
Overall, around half (52.02 per cent) of the students agreed that 'Girls should have a say as to whom and when to marry'. Fewer boys than girls agreed with the statement, with about 60 per cent of the girls and almost half (45.47 per cent) of the boys agreeing (Figure 19).

**Figure 19. Students' perceptions about " Girls should have a say as to whom and when to marry"**



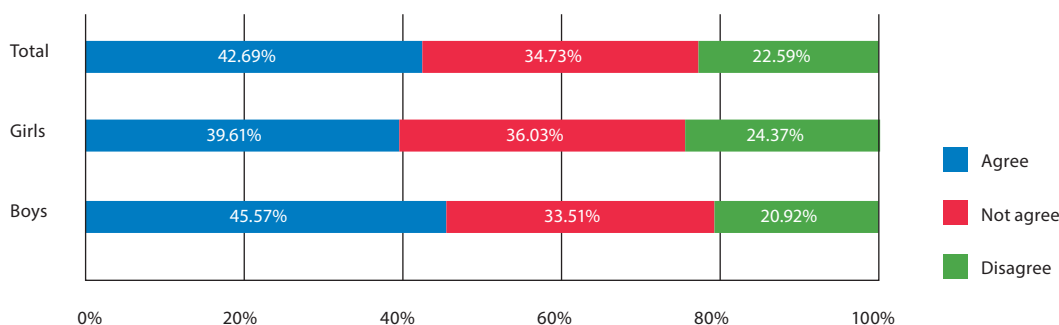
Around 10 per cent of the girls and nearly 20 per cent of the boys agreed to that 'a woman cannot refuse to have sex with her husband', but large percentages were unsure, with 37.77 per cent of the girls and 42.62 per cent of the boys responding 'not sure' (Figure 20). Overall, around half (45.39 per cent) of the students disagreed with this statement. This indicates that many students, especially boys, lack an understanding of gender equality and women's rights.

**Figure 20. Students' perceptions about " A woman cannot refuse to have sex with her husband"**



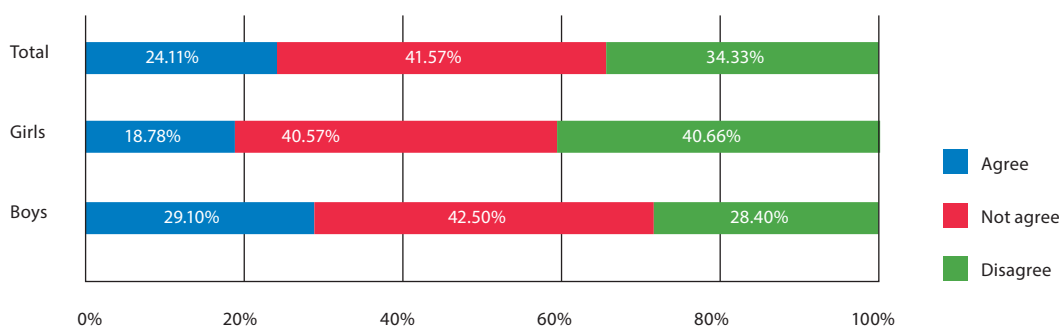
A large proportion of students (42.69 per cent) held a negative attitude to sexual behaviour between persons of the same sex. Boys were less open to homosexuality than girls, with a higher percentage of boys (45.57 per cent) than girls (39.61 per cent) agreeing with the statement: 'Sexual relations with someone of the same sex is wrong' (Figure 21).

**Figure 21. Students' perceptions about " Sexual relations with someone of the same sex is wrong"**



Overall, about one quarter of the students were open to pre-marital sex, with a higher percentage of boys (29.01 per cent) than girls (18.78 per cent) showing an open attitude (Figure 22).

**Figure 22. Students' perceptions about " There is nothing wrong with unmarried youth having sexual intercourse based on love and precautions against pregnancy and STIs"**

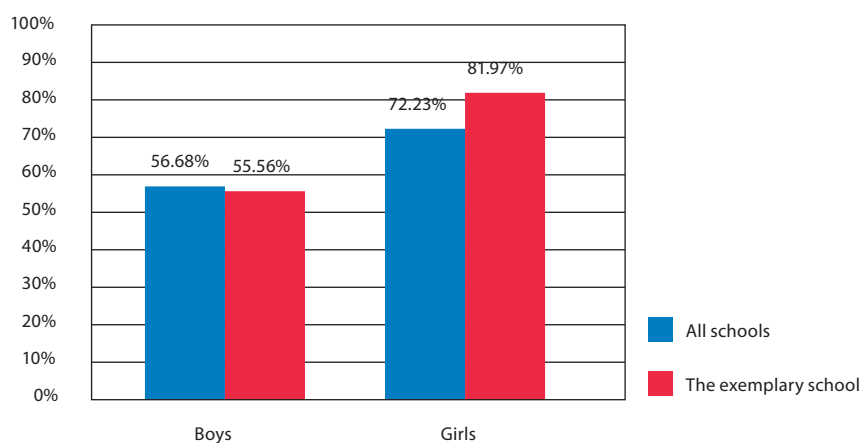


To summarize, many of the students indicated a lack of awareness of gender equality and rights with regard to gender roles, marital and sexual rights and sexual diversity, and many exhibited discriminatory attitudes. Compared with their male counterparts, female students showed a more equitable attitude towards gender roles, more awareness of their marital autonomy and sexual rights and more openness to sexual diversity, but at the same time, a more conservative attitude towards pre-marital sex.

### Domestic violence

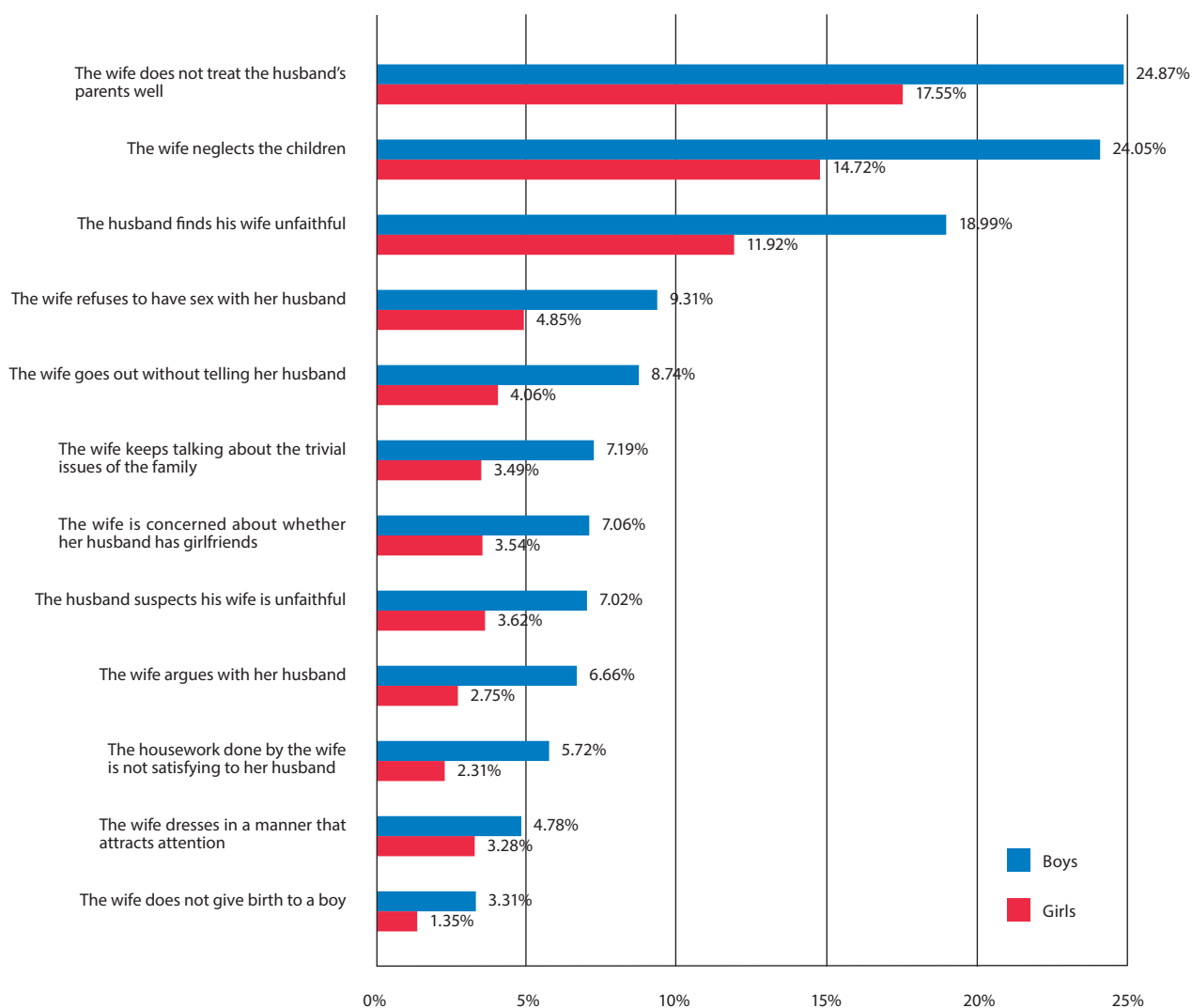
The questionnaire asked students under what circumstances they think it is justifiable for a husband to beat his wife. Again, boys demonstrated a less equitable attitude than girls, with 56.68 per cent of the boys versus 72.23 per cent of the girls agreeing with the statement: 'Under no circumstances should a husband hit or beat his wife'. The percentage of girls from the exemplary school agreeing with this statement was higher than that the average percentage at other schools, indicating a more gender-equitable attitude at the exemplary school among girls (Figure 23).

**Figure 23. Proportions of the students agreeing that " Under no circumstance should a husband beat his wife"**



When asked for reasons that could justify wife beating, the most common justifications selected by students were: 'The wife does not treat the husband's parents well', 'The wife neglects the children', and 'The husband finds his wife is unfaithful to him'. Significantly more boys than girls supported these reasons as justifiable (Figure 24).

**Figure 24. Proportions of the students agreeing that a husband is justified in beating his wife**

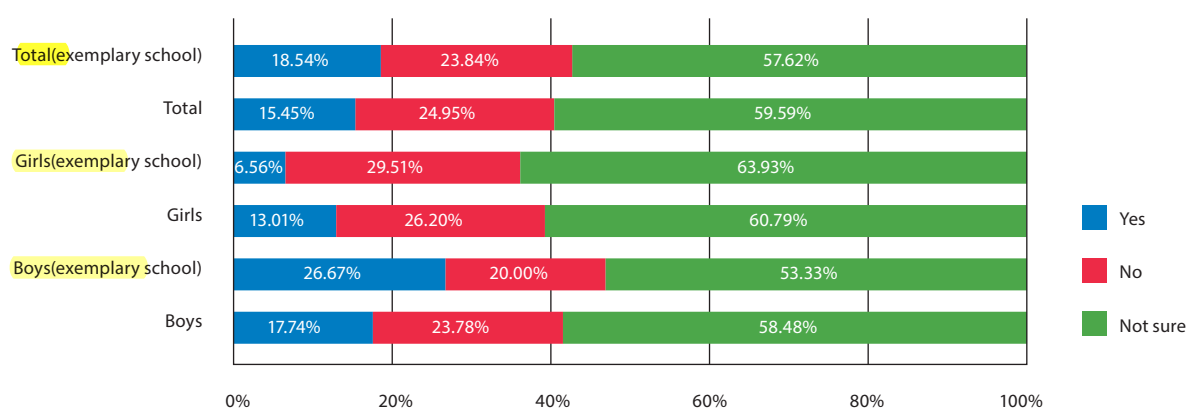


### 3.2.3 Skills and self-efficacy in condom use

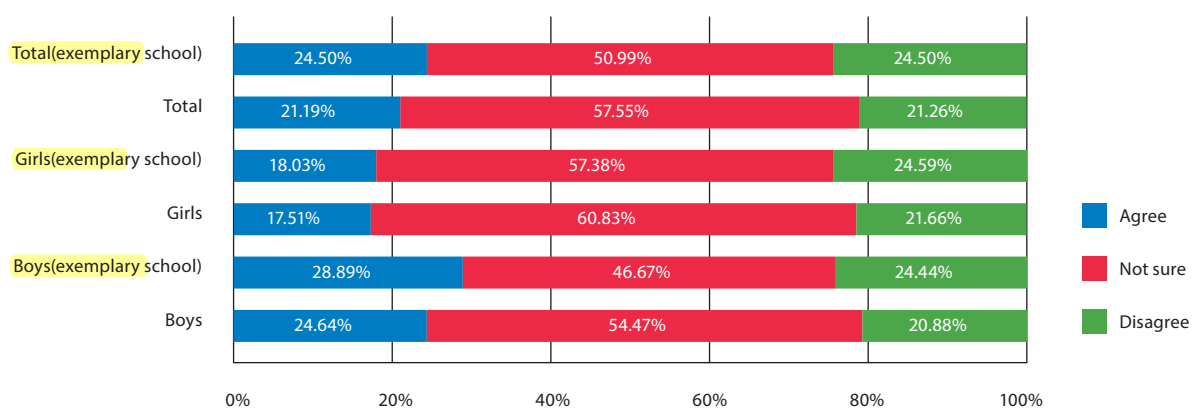
The questionnaire asked the students to respond to two questions about condoms: 'Can you obtain condoms by myself when needed' (yes, no or not sure) and 'I am sure that I will use condoms every time I have sex' (agree, disagree or not sure) to measure the students' ability to obtain and use condoms.

Overall, the students had a low level of skills and self-efficacy regarding condom use. Only 15 per cent of the students believed they could obtain condoms by themselves when needed and only 21 per cent thought that they would insist on using condoms every time they had sex. Boys reported a higher level of ability than girls in terms of obtaining and using condoms. Students from the exemplary school seemed to have more awareness and ability in obtaining and using condom than the average of all schools (Figures 25 and 26).

**Figure 25. Proportions of the students responding to question "Can you obtain condoms by yourself when needed?"**



**Figure 26. Proportions of the students responding to statement "I can guarantee using condoms every time I have sex."**



### 3.3 Support system for implementation of sexuality education

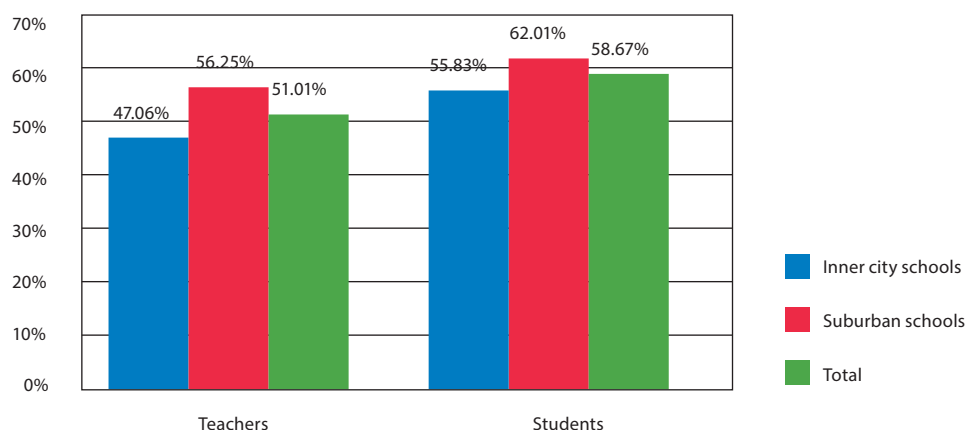
The study examined the skills and attitudes of teachers and principals regarding the delivery of sexuality education, and the participation of parents and other community members.

#### 3.3.1 Teachers' skills, training, attitudes and perceptions

##### Teachers' skills

The questionnaires for the teachers and students included questions regarding the frequency of disruptive behaviour by students during classes dedicated to sexuality education, and how teachers responded to such behaviour. The responses to the questionnaires indicate that disruptive behaviour in such classes is rather common in both the inner city and suburban schools. Slightly over half of the teachers and students reported an occurrence of disruptive behaviour during sexuality education class (Figure 27).

**Figure 27. Occurrence of disruptive behavior of students during class dedicated to sexuality education, as reported by teachers and students**



In the exemplary school, the teachers and students both reported a lower level of disruptive behaviour in class (Figure 28). In terms of responses to such behaviour, 40 per cent of the teachers in the surveyed schools reported that they chose to address it through talking to students after class. This approach was more common among the teachers from the inner city schools than their suburban counterparts, who were more likely to intervene on the spot (28.21 per cent for inner city areas, 43.59 per cent for suburban areas). All of the teachers of the exemplary school choose to address disruptions after class.

When interviewed, some teachers shared the feelings of embarrassment they experienced when they first taught sexuality education classes. The very mention of genitalia, for example, was a great challenge, as they themselves lacked knowledge and were afraid of being asked questions. Some teachers gradually picked up knowledge and became more comfortable, but others would just skip sensitive parts.

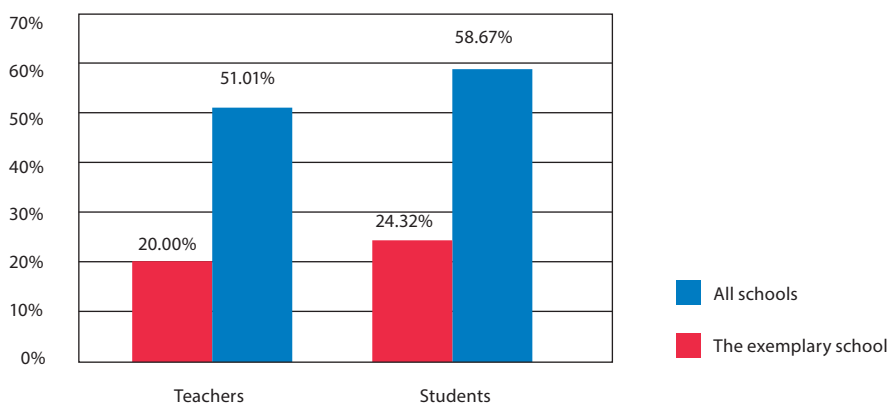
*I remember the first time I taught students about the physiological changes. I was very embarrassed by the male thing (genital organs). When talking about the prostate, and when students asked where it was, I just said something like 'it is there', and yet I actually didn't know exactly where it was. Later, I got to know that the prostate is part of the reproductive system. So, [I got the knowledge mainly] through self-study and learning from others, because I have neither training in physiology nor a medical background. (Female psychology teacher, with 17 years of teaching experience.)*

*I didn't feel comfortable at the beginning because I didn't major in a relevant field — my major is English. At the beginning I didn't feel comfortable teaching [sexuality education lessons], and I didn't feel I taught well in the first two lessons, feeling rather awkward. After a while, I accumulated knowledge [in this area], and I began to feel much better at it after giving many lessons. (Female English teacher, with one year of teaching experience.)*

*Now I feel fine. At the beginning I was extremely embarrassed. I later found out that it was mainly the teacher who tends to feel uncomfortable. I could feel the change after the latest lesson I gave, and the students commented that I was teaching in a very natural way, unlike the previous time when I simply blushed. You will see a big difference through this kind of comparison. Other psychology teachers are also slowly exploring [this area] and, after receiving some training, they now can treat this topic objectively. (Female psychology teacher, with five years of teaching experience.)*

*For physiology, I do not talk about it in class but ask students to read about it on the internet. ... In class, I basically skip this part. ... I also feel extremely uncomfortable when teaching the part about girls' health care. In terms of HIV and AIDS, I can only talk about its transmission, and I feel very uncomfortable going into any further detail in the class. I basically do not talk about the details. (Female psychology teacher, with 19 years of teaching experience.)*

**Figure 28. Occurrence of disruptive behavior of students during class dedicated to sexuality education , as reported by teachers and students**



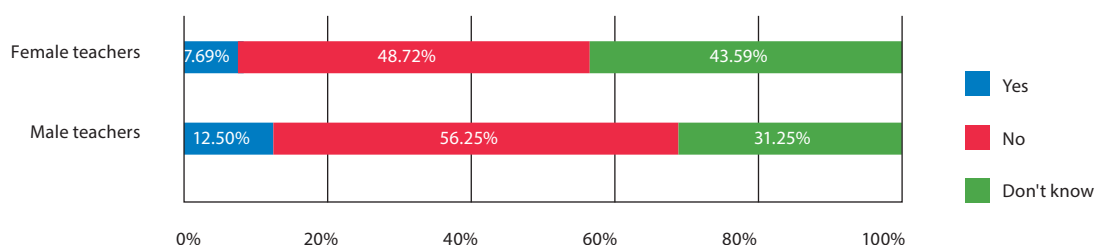
### Teachers' attitudes towards sexuality education

The questionnaire explored teachers' perceptions of the effectiveness of sexuality education, asking teachers to choose between the following options: 'very effective', 'effective', 'not sure', 'ineffective', 'very ineffective' and 'don't know' in relation to certain areas in which sexuality education can have an impact on learners. Analysis of the responses found that between 50 per cent and 80 per cent of teachers believed that sexuality education was effective ('effective' or 'very effective') in the following aspects:

- Preventing adolescents from contracting HIV and other STIs (80.54 per cent),
- Reducing discrimination, bullying and harassment (72.30 per cent)
- Reducing unintended pregnancies among adolescents (71.81 per cent)
- Fostering equal sexual relationships (67.11 per cent)
- Delaying young people's first sexual intercourse (58.11 per cent)

Though nearly 60 per cent of the teachers believed that sexuality education was effective in delaying first sexual intercourse, only half of the teachers (50.34 per cent) were sure that sexuality education that talks about condoms and contraception would not encourage students to have early sex (Figure 29). The discrepancy in these responses might be because when answering the first question some teachers were probably not thinking about condoms and contraceptives but about other more conventional elements of sexuality education, such as staying away from pre-marital sex. This indicates a need for teachers to become aware of the evidence base for sexuality education, e.g. the International Technical Guidance on Sexuality Education, which presents the results of a global review that found that sexuality education does not lead to early sex but instead delays sex. This demands urgent attention, as it directly affects teachers' attitudes towards sexuality education.

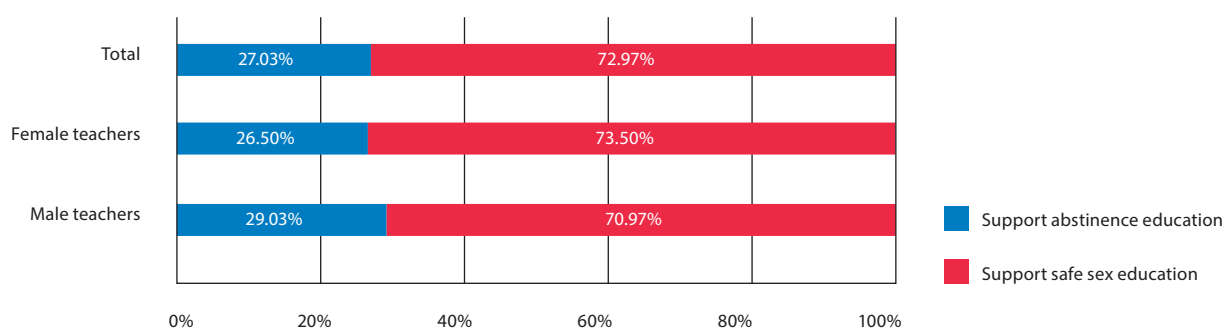
**Figure 29. Do you think providing information about condoms and contraception will encourage students to have early sex?**





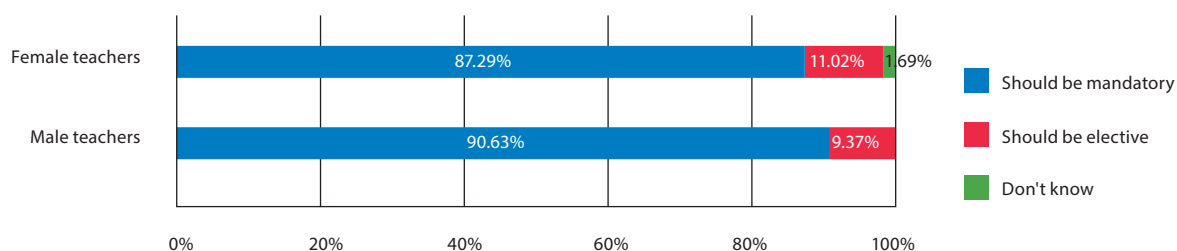
Almost three quarters (73 per cent) of the teachers supported the safe sex approach to sexuality education, i.e. providing information and guidance to help young people make the decision to practice safe sex. However, some teachers (27 per cent) still believed that abstinence is the only way to prevent pregnancy and STIs. More male teachers than female teachers supported the abstinence approach to sexuality education (Figure 30).

**Figure 30. What type of sexuality education do you support to be conducted for adolescents?**



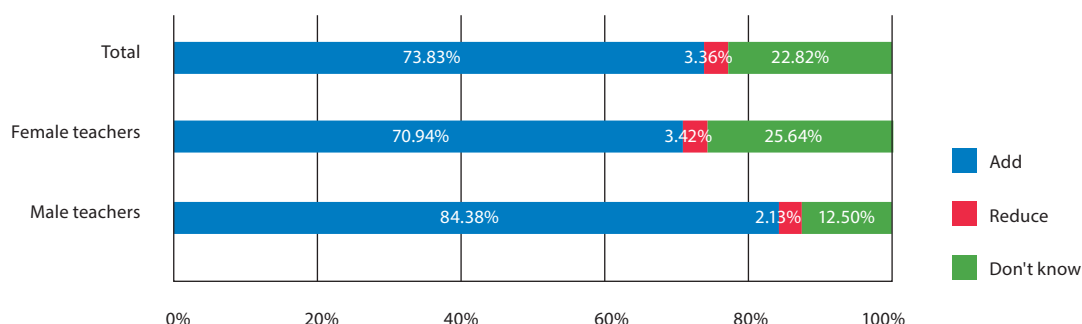
The majority of the teachers (88 per cent) felt that sexuality education should be a mandatory course for students, and slightly more male than female teachers held this opinion (Figure 31).

**Figure 31. Do you think the adolescent health education should be an elective or mandatory course**



Around three quarters (74 per cent) of the teachers would choose to teach more content if given the choice, especially the male teachers. Very few teachers (about 3 per cent) would reduce the content currently being taught (Figure 32).

**Figure 32. Do you think you will add/reduce the contents of the adolescence education?**



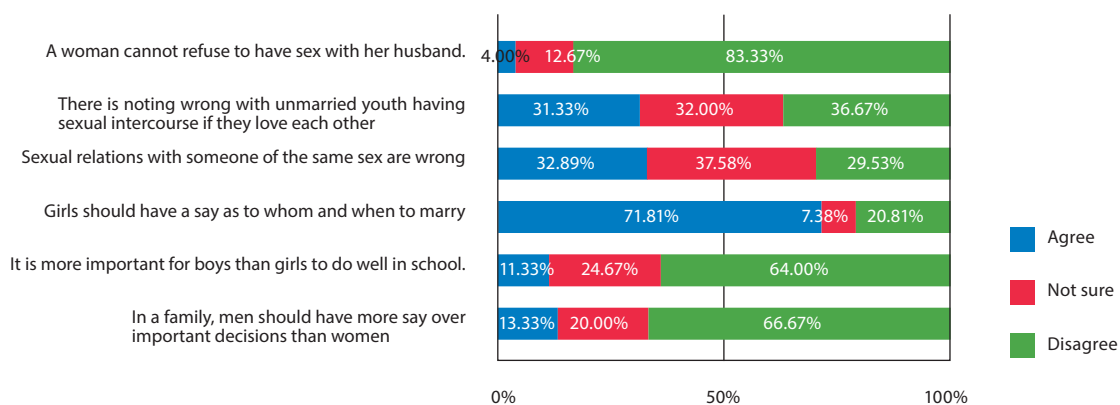
### Teachers' attitudes towards gender roles and rights

The teachers' questionnaire used the same set of questions as in the student questionnaire to explore teacher's perceptions of gender roles.

More than 71 per cent of the teachers agreed with the statement that 'Girls should have a say as to whom and when to marry', and more than 83 per cent of the teachers disagreed with statement that 'A woman cannot refuse to have sex with her husband'. Around two thirds of the teachers disagreed that, 'In a family, men should have more say over important decisions than women' and 'It is more important for boys than girls to do well in school' (Figure 33). These responses indicate a higher level of equitable attitudes to gender among the teachers than among the students.

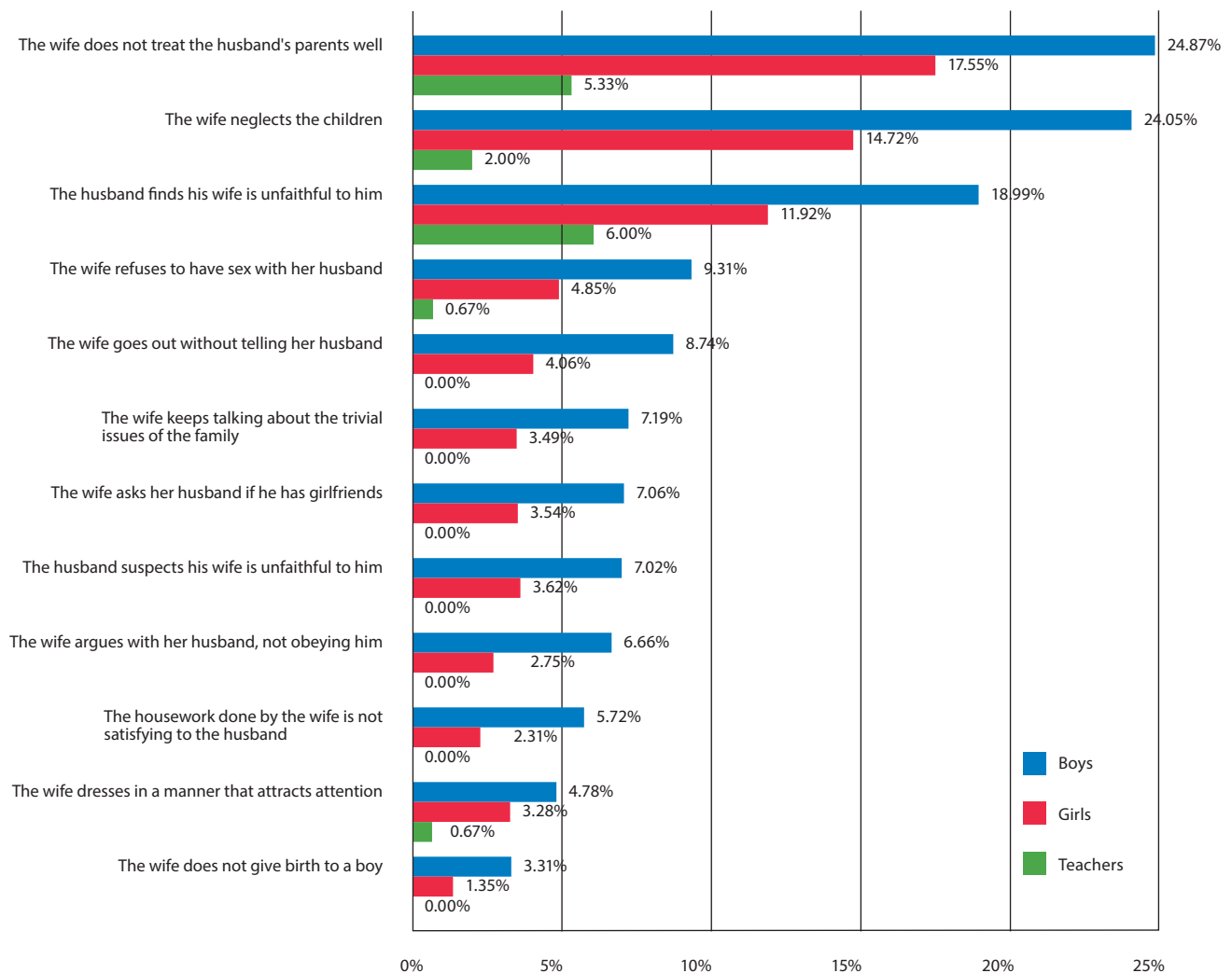
The responses indicated that a significant proportion of the teachers held conservative views about homosexuality and pre-marital sex. Over two thirds of the teachers either agreed with or were unsure about the statement that 'sexual relations with someone of the same sex is wrong', and only one third could accept pre-marital sex (Figure 33).

**Figure 33. Teachers' perceptions of gender roles**



The vast majority of teachers (92 per cent) agreed that 'Under no circumstance should a husband hit or beat his wife', a significantly higher proportion than that of the students. Only very few teachers thought that wife beating was justifiable when the wife was unfaithful, treated in-laws badly or neglected the children (Figure 34).

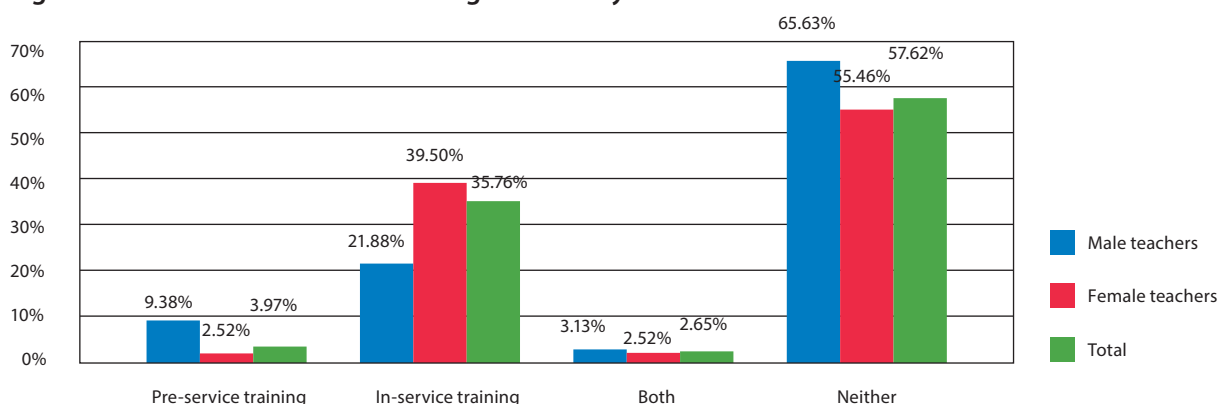
**Figure 34. What can justify the husband's wife-beating behavior?**



## Training for teachers

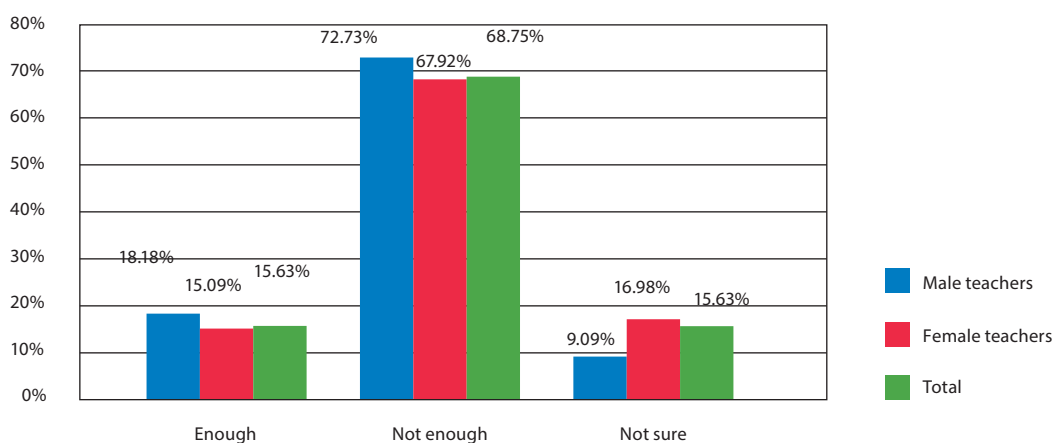
All of the interviewed teachers noted a lack of training in the delivery of sexuality education. According to the responses, more than half (57.62 per cent) of the teachers engaged in sexuality education had never received any relevant training, either through pre-service or in-service training programmes. Around a third (35.76 per cent) of the teachers had received relevant in-service training and only 3.97 per cent of the teachers had received relevant pre-service training, while only 2.65 per cent of the teachers had received both pre-service and in-service training (Figure 35).

**Figure 35. Did teachers receive training in sexuality education?**



At the exemplary school, 80 per cent of the teachers engaged in sexuality education had received relevant in-service training. More female than male teachers reported having received in-service training. Both male and female teachers (around 70 per cent) felt that the training they received was inadequate (Figure 36).

**Figure 36. Do teachers think the training they received was sufficient to get them prepared for the teaching of adolescent health education?**



When interviewed, all of the teachers emphasized the importance of specialized training. Several teachers observed that they had received training in order to pass exams to obtain the qualification of a psychology counsellor, but had received no professional training related to sexuality or physiology. Furthermore, the few training opportunities for this subject tended

to be given to school nurses, psychology teachers and biology teachers, very often on a rotational basis, and therefore not all teachers engaged in sexuality education get opportunities for training. According to some of the interviewed teachers, professional teacher training could indeed change teachers' perceptions and improve their teaching methods in sexuality education. The teachers suggested that more teachers who are involved in sexuality education, especially head teachers, should get relevant training, so as to build a broad base of teacher awareness in the school.

As one teacher who had received such training commented,

*What helped me the most [was training about] the sensitive topics, such as masturbation, sex workers, etc. In the past we were really shy when talking about these [topics] in the classroom, and were not sure whether or not we should cover this content. But the training gave us very clear instructions, saying that we need to teach sensitive topics, and the key is to teach it scientifically. That training helped me significantly in terms of both my perceptions and teaching methods. (Female psychology teacher, with 10 years in her current position.)*

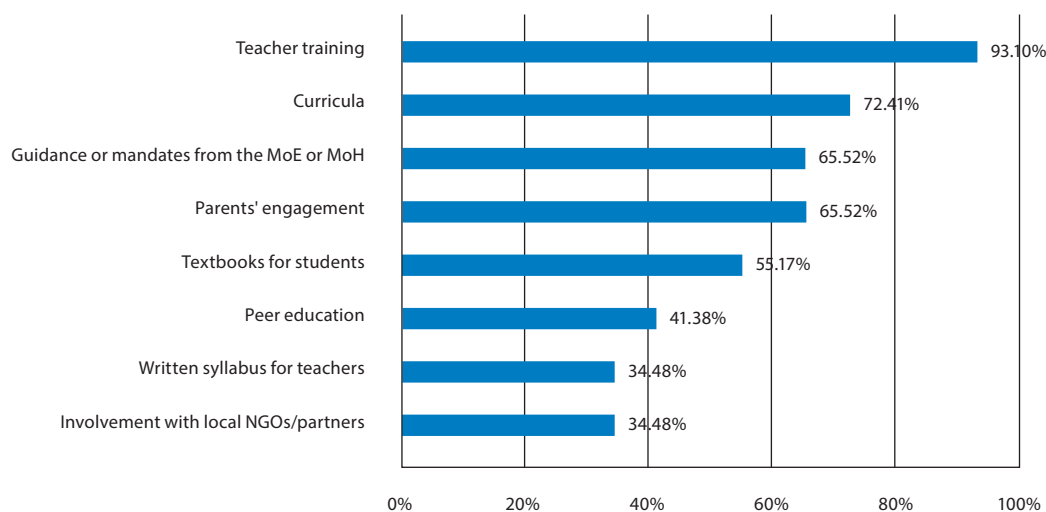
Some teachers referred to Way of Growing-up: A Life Skills Training Guide for Adolescent Health, compiled by the China Family Planning Association, as an excellent guide for sexuality education teachers. The participatory teaching methods recommended by this guide and the teacher training activities conducted on the basis of the guide were mentioned as being particularly helpful.

### 3.3.2 Leaders' support for sexuality education

#### Principals' attitudes towards sexuality education

All of the surveyed school principals reported that they supported sexuality education in their schools, although some teachers reported the absence of such support. All of the principals felt that sexuality education needs to be improved. When asked how to achieve that, they listed teacher training (93.10 per cent of principals) as the most important factor, followed by curriculum (72.41 per cent), guidance from the Ministry of Education and/or the Ministry of Health (65.52 per cent) and parents' involvement (65.52 per cent) (Figure 37).

**Figure 37. Areas the need support in order to improve school-based adolescent health education, as reported by principals**



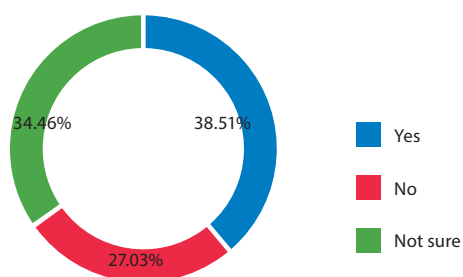
When interviewed, some principals said that many teachers were not qualified to teach sexuality education. They felt that teachers' perceptions about sexuality education need to be changed first, and that teachers need professional training.

*We need to strengthen teacher training so that teachers can openly talk about [sexuality] without feeling embarrassed. We hope that more professional people can support our students and teachers. This kind of guidance is what we really need. (Male deputy party secretary of the exemplary school, with two years in his current position.)*

### Policies about school bullying and harassment

Nearly 40 per cent of the teachers responded that their schools had bullying and harassment policies, and 34.46 per cent were 'not sure' (Figure 38). Among those that reported the existence of such policies in schools, over 80 per cent said that the policies had been implemented.

**Figure 38. Existence of school policy against bullying and harassment, as reported by the teachers**



### 3.3.3 Parental and community support for school-based sexuality education

According to the responses of the school principals, more than 60 per cent of the schools inform parents about the sexuality education that the schools provide. Two of these schools had sought written consent from parents before conducting sexuality education.

The vast majority of school principals (96.55 per cent) reported that no parents had ever objected to their children's participation in the sexuality education provided by their schools. More than half of the principals (57 per cent) reported that parents had contacted the school to show their support for sexuality education.

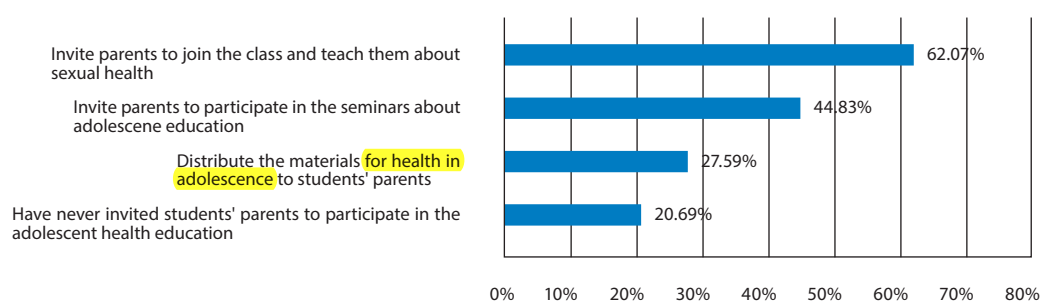
Over half (62 per cent) of the schools had invited parents to attend lectures on sexual and reproductive health, about 44 per cent had invited parents to meetings on sexuality education (e.g. through parents' meetings), and about 28 per cent had disseminated materials to parents or asked them to work with their children on homework related to sexuality (Figure 39). Only six schools (20 per cent) had not involved parents in any activities related to sexuality.

Around two thirds (67 per cent) of the students reported that they had discussed topics related to sexuality that they learned at school with their family members, with significantly more girls (86.84 per cent) doing so than boys (46.10 per cent).

At the exemplary school, all students were required to attend sexuality education activities and the school informs parents of this but does not seek their consent. The school offers training to parents to help them participate in the education of their children. No cases of parental objection were reported by the principal of the exemplary school, but rather, some parents had contacted the school to express their support for sexuality education.

The responses to the interviews with the teachers and principals revealed that the schools receive support from the local family planning associations, which have the mission of promoting sexual and reproductive health. In one district, the local education department and the local family planning association conducted joint assessments and developed sexuality education lesson plans.

**Figure 39. How the schools have involved students' parents in the adolescent health education**



# 4

## DISCUSSION

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The study is the largest of its kind in China so far on the implementation of school-based sexuality education. As well as compiling quantitative data, the study gathered information through literature review and qualitative study on key issues relating to the implementation of sexuality education in schools.

This study found that almost all of the surveyed schools had adopted an integrated curriculum approach to sexuality education and that the sexuality education content in the schools was not sufficiently comprehensive, with insufficient coverage of topics such as violence, gender, rights, sexual behaviour, sexual orientation, condom, contraception and abortion. Furthermore, the study found that many teachers still have misunderstandings about the benefits of sexuality education and need to be made aware of the scientific evidence. Two of the key obstacles faced by teachers in implementing sexuality education are a lack of specialized training and insufficient teaching resources.



## 4.1 Integration is the main approach to sexuality education in China

The study found that the main approach to sexuality education in middle schools is to integrate the subject into other subjects. As revealed by the study, sexuality education is usually integrated into the subjects of biology, psychology and moral education. Class meetings and sporadic thematic lectures are also used. This is because there is no specific curriculum requirement for sexuality education, few textbooks, no specialized teachers and no mandatory class hours.

The integration approach has many shortcomings, as pointed out by some of the teachers and principals. For example, it is very hard to cover the entire content of sexuality education in carrier subjects, and it is unrealistic to expect the teachers of those carrier subjects to have knowledge of all of the topics relating to sexuality education. Evaluation was another big challenge under this model. Furthermore, the integration model can easily lead to a situation in which everybody's responsibility becomes nobody's responsibility.

Despite the popularity of the integration approach, the shortcomings of the approach suggest that a stand-alone course might be better. Such courses already exist, such as the CSE curriculum that the child sexuality education project team of Beijing Normal University has been developing and implementing since 2007, which offer practical guidance and reference (Beijing Normal University, n.d.). A stand-alone course on sexuality education would allow schools to focus their limited resources, including limited teacher capacity and teacher training opportunities, on achieving optimal results. A stand-alone course would also allow schools to keep track of the sexuality education process and to evaluate the effectiveness of sexuality education. However, a change to such an approach would of course require strong leadership and commitment.

## 4.2 School implementation of sexuality education is not comprehensive

The International Technical Guidance on Sexuality Education (UNESCO, 2018) presents a framework for sexuality education covering eight key concepts, as listed below:

- Relationships
- Values, rights, culture and sexuality
- Understanding gender Violence and staying safe
- Skills for health and wellbeing
- The human body and development
- Sexuality and sexual behaviour
- Sexual and reproductive health

This study explored the contents of school sexuality education through five key concepts:

- Relationships
- SRH and HIV
- Gender
- Rights
- Violence

According to the study respondents, 'relationships' was the most frequently covered concept in sexuality education, followed by 'sexual and reproductive health', 'gender', 'rights' and 'violence'. Overall, only 'relationships' had a coverage level over 50 per cent, which suggests that sexuality education, as currently implemented in middle schools, is not comprehensive.

The study found that, in terms of content, sexuality education in schools tends to mainly cover topics related to sexual and reproductive health, self-esteem, self-acceptance, sexual (male/female) differences, heterosexual relationships and self-protection. It rarely includes other important topics, such as violence, gender, sexual orientation, sexual behaviour, sexual rights, condom, contraception and abortion, media and sexuality. Students also showed lack of understanding about menstruation.

According to the interview responses, teachers are uncomfortable talking about condoms and other forms of contraception, partly out of fear that mentioning these things would lead the students astray. As a result, students have a poor understanding of sexuality and lack related skills. For example, the survey responses indicated that only 15 per cent of students believed that they could obtain a condom by themselves when needed, and as many as 60 per cent were unsure about this.

This lack of information about condoms and other forms of contraception can be partly explained by the lack of explicit requirements for sexuality education in the relevant national curriculum policies and guidelines, which in general promotes abstinence-only education. Even if the schools follow the curriculum guidelines (listed below) very closely,

they will still end up with a meagre coverage of sexuality education as compared to what is recommended by the International Technical Guidance on Sexuality Education (UNESCO, 2018)

The relevant national curriculum guidelines and policies are as follows:

- Guidelines for Health Education in Primary and Secondary Schools (Ministry of Education, 2008). The section for grades 7 to 9 approaches sexuality education mainly from the perspectives of disease prevention, hygiene and health care. It emphasizes the importance of refusing unsafe sexual behaviour but does not mention condom and contraceptive use.
- The national Curriculum Standards for Physical Education and Health (PEH). This is the most health-oriented curriculum policy. It focuses primarily on physical health and sports skills, and has relatively little coverage of mental health and social adaptation, more so in the actual implementation of the curriculum.
- The Curriculum Standards for Moral Education (Ministry of Education, 2011a). This seeks to enable students to accept their own physiological changes and learn to overcome problems and control emotions during adolescence, and to build positive and appropriate friendship especially with the opposite sex, and do not bully others.
- The Curriculum Standards for Biology Classes in Compulsory Education (Ministry of Education, 2011b). This is limited to coverage of male and female reproductive systems, fertilization and the embryo development process.

### 4.3 Limited understanding of the breadth of sexuality education among teachers

The study found that the teachers undertaking sexuality education are mainly teachers of psychology, biology and moral education. In some schools, however, sexuality education was also undertaken by head teachers, school nurses, physical education teachers, and even teachers of English and Chinese.

The questionnaire and interview responses indicate that head teachers have an important role in sexuality education. Almost all of the interviewed teachers emphasized head teachers as the most appropriate staff for conducting sexuality education. This is because class meetings, which are taught by head teachers, are mandatory and have dedicated hours. Furthermore, head teachers tend to have more credibility and authority among students, with the result that sexuality education received from head teachers is likely to be more acceptable and attractive to students. In the exemplary school, sexuality education was mostly conducted by head teachers, through class meetings.

Regardless of who is assigned the responsibility of conducting sexuality education classes, an adequate level of awareness and capacity in the subject is required. However, the study found that the teachers currently holding this responsibility have a limited understanding of some of the topics under sexuality education. For example, half of the surveyed teachers believed that talking about condoms and contraception would encourage early sex among students, suggesting ignorance of the scientific evidence and a negative attitude towards comprehensive sexuality education. Similarly, over a quarter (27 per cent) of the teachers expressed support for abstinence education, an approach to reducing early sex that does not have any scientific basis.

The study found that many teachers also have a limited awareness of gender rights and gender equality and have discriminatory attitudes. For example, around a third (35 per cent) of the surveyed teachers felt that males should have more say in family decision-making than females, and that it is more important for boys than for girls to perform well in school. One third of the surveyed teachers considered homosexual relations as something wrong. Such attitudes pose a challenge to the quality of sexuality education, because international research findings indicate that sexuality education that does not address gender and power relations is five times less effective than that which does (Haberland, 2015).

### 4.4 Limited support to teachers

The interviewed teachers expressed some of the challenges they faced in delivering sexuality education. For example, although teachers were able to follow the standard biology course to talk about physiological aspects of human

development, many found it difficult to touch on sensitive topics such as sexual behaviour and sexual orientation, and the prevention of unwanted pregnancies. Awkwardness on the part of the teachers contributed to feelings of unease among some students when learning about sexuality. For example, around 30 per cent of the students reported that they felt comfortable when learning about sexual abuse, sexual relations, condoms and contraception.

The lack of training for teachers is certainly a factor affecting teachers' confidence in discussing sensitive topics. The study found that nearly 60 per cent of the teachers holding or sharing responsibility for sexuality education had never received any relevant training, either at the pre-service level or in-service level. The teachers also felt that educators with relevant qualifications, such as psychology, should play a bigger role in sexuality education, but were often not taken seriously.

Teachers also lack support in terms of access to good quality teaching resources. The teaching resources that the teachers used were often standard biology textbooks and materials on moral education and life education. The materials used by teachers mainly address the physiological aspects and do not cover sensitive topics such as sexual behaviour, sexual rights, contraception and prevention of unwanted pregnancies. However, a school in Beijing reported using a set of materials called 'Adolescent Sexuality Education', while several schools in Heilongjiang used a book titled Life Education, and three schools in Yunnan used Living, Survival, and Life (Sansheng Education). The latter publications were endorsed by the provincial education authority as part of the local curriculum. One school in Zhejiang used The Way of Growing-up developed by the China Family Planning Association.

## 4.5 Lessons from the exemplary school

The exemplary school is a school for migrant children, with relatively meagre teaching conditions. Despite the absence of an official curriculum and a lack of sufficient teaching materials at this school, it implements sexuality education and has achieved good outcomes compared to other schools. The study found, for example, that the number of the topics covered at the exemplary school was twice the average of all the 30 schools.

The exemplary school's main successes and good practices are summarized below.

### The curriculum schedule includes sexuality education

All of the schools involved in this study reported integrating sexuality education into other subjects, but it was not obvious from their timetables how it was integrated. The exemplary school was the only school that had a curriculum schedule that clearly showed how sexuality education was integrated. Such schedules raise the visibility of sexuality education in schools and prevent it from being forgotten or squeezed out by other subjects.

### Structured class meetings with guaranteed hours

Class meetings are standard practice at all schools, and were highly recommended by the interviewed teachers as a suitable platform for conducting sexuality education. The exemplary school made effective use of class meetings by specifying that at least three class meetings each semester be dedicated to sexuality education, facilitated by head teachers, using materials prepared by the school.

### More in-service training on sexuality education

The exemplary school reported a higher percentage of teachers who had received relevant training than the other surveyed schools. Though the training might still be insufficient, the combination of trained teachers with the systematic class meeting arrangements meant that the school was able to achieve better results from sexuality education, as evidenced by the higher level of student knowledge and skills at the exemplary school compared to other surveyed schools.

### Collaboration with external specialists in sexual and reproductive health education

The exemplary school collaborates extensively with external organizations that specialize in sexual and reproductive health education, thereby ensuring the students are exposed to useful and up-to-date information relating to sexuality education. Such collaboration, with organizations such as family planning associations and the Centre for Disease Control as well as non-governmental organizations specialized in education and services related to sexuality, would benefit students at other schools.

# RECOMMENDATIONS

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# 5

Based on the research findings, recommendations are proposed to policy makers, schools and other stakeholders on how to support and improve sexuality education in schools. To ensure health and development of children and young people, the government, schools, researchers, child and youth development workers and media professionals should establish in-depth and extensive collaboration in the areas of curriculum standard-setting, curriculum and resource development, teacher training, research, as well as in effective use of information and communication technologies.

## 5.1 Recommendations for policy makers

### Develop a national curriculum standard for sexuality education

The study pointed to the importance of having official national curriculum standards on sexuality education so as to ensure consistency in curriculum delivery across all primary and secondary schools. It is recommended that the government merge the various existing standards and requirements for the curricula, including Physical Education and Health, Biology, Morality and Life, Morality and Society, HIV and AIDS Prevention and Drug Prevention, and the Guidelines for Health Education in Primary and Secondary Schools. By consolidating the overlapping content and filling in the gaps, in accordance with the International Technical Guidance on Sexuality Education (UNESCO, 2018), the government could make its requirements for sexuality education more specific. To ensure the curriculum standards on sexuality education are relevant and comprehensive, it is recommended that they be created, reviewed and updated by a team of specialists from diverse disciplinary backgrounds and with practical experience in sexuality education. Feedback from teachers who are using the curriculum standards and from students and parents should be obtained so as to ensure the continuous improvement of the curriculum standards.

### Identify and support the development of quality teaching and learning resources

Once the national curriculum standards are in place, the government should support the development of national teaching and learning resources that teachers can use in all regions and that can serve as good references for the development of local resources.

The national and provincial governments should begin by assessing and evaluating the resources that have been developed at the local level. Materials that are developed should be reviewed regularly and revised when required, as some provincial governments currently do. For example, in Jiangxi Province, the primary and secondary textbook validation authority conducts a periodic review of its local textbooks once every three years; in 2016 the textbook titled *Scientific Sexuality Education for High School Students* was revised in line with the recommendations of the validation committee (Wang, 2016).

### Integrate sexuality education into pre-service and in-service teacher training

Because of the multidisciplinary nature of sexuality education, teacher training is essential. Such training ensures teachers are equipped with relevant and up-to-date knowledge, skills and attitudes for the delivery of sexuality education.

It is recommended that sexuality education become part of the continuous professional development system for in-service teachers. In this regard, local teacher training schools could play an active role. Furthermore, sexuality education should be integrated into the various teacher training platforms and programmes, including the regular cascading teacher and principal training programmes at the national, provincial and local levels. The Department of Teachers at the Ministry of Education could mobilize resources to develop a practical teacher training programme on sexuality education, in line with the national curriculum standards.

The training should help teachers to explore and overcome their own inhibitions and reservations about sexuality, and enable teachers to fully understand the rationale of providing sexuality education. The teachers should also be trained in effective methods of delivering sexuality education, including participatory methods.

In the long run, all pre-service teacher education programmes at teacher training institutions should include sexuality education. Chengdu University's sexuality education programme could serve as an example.

### Support research and networking on sexuality education

China's sexuality education is still at an early stage, requiring both policy and practical support. The government should encourage and support research in this area to develop an evidence base for curriculum development, improvement and implementation. It would also be valuable to establish a specialist committee for school-based sexuality education under the Chinese Society for Education, and a network connecting all the relevant organizations and individuals, including the Chinese Maternal and Child Health Association, the China Sexology Association, and sexuality education associations as well as teachers across China. Such a network would drive research and professional communication in the area of sexuality education.

## 5.2 Recommendations for schools

### Establish a curriculum schedule for sexuality education

Schools that adopt an integrated approach to sexuality education should establish a specific curriculum schedule, with a clear indication of where the different elements of sexuality education are located, so as to ensure students receive at least 12 hours/sessions of sexuality education per year, as recommended by the International Technical Guidance on Sexuality Education (UNESCO, 2009). Achieving this target will require facilitating close working relationships between the teachers sharing the responsibility of delivering sexuality education and will require training all of the teachers engaged in sexuality education.

### Make sexuality education an explicit part of a stand-alone health education course

The current curriculum policy in China allows local education departments and schools to develop localized and school-based curricula. This offers the possibility of implementing school-based sexuality education even when there are no national curriculum standards.

This study indicated that establishing sexuality education as a stand-alone course in schools might avoid the shortcomings of the integrative approach and enable schools to focus their limited resources to achieve better results, e.g. the limited teacher training opportunities could be given to a smaller number of teachers. But a more realistic approach might be to fully implement health education, as required by the National Curriculum Standard for Physical Education and Health and the Guidelines for Health Education in Primary and Middle Schools, and seek to integrate comprehensive sexuality education contents into the health education lessons. Experiences in other countries support the idea that stand-alone courses result in better outcomes for students. In Finland, for example, all schools have compulsory health education courses that cover sexuality education, taught by specialized health teachers.

## 5.3 Recommendations for other stakeholders

### Research institutes

Research institutions should study sexuality education from various perspectives, including the need for sexuality education by different subgroups of children and young people, the process and effectiveness of CSE implementation, teacher training approaches and outcomes, and the relationship between school-based sexuality education and family and society-based education. A comparison of the effectiveness of the integrative and stand-alone approaches to school-based sexuality education would be particularly worth studying.

### Sexuality educators

Formal and informal sexuality educators, including NGO workers specialized in sexuality education in non-formal settings, should take full advantage of modern technology and media (e.g. WeChat, Weibo and Youku), to raise public awareness of the necessity and importance of comprehensive sexuality education. Doing so will help create a supportive social environment and reduce public misunderstandings and controversy. New information and communication technologies also offer opportunities for the provision of information that complements that received in class. Use of online open-access education resources, such as cartoons and videos on online platforms as well as applications, help to convey information in a way that is attractive to students and can become supplementary or supportive teaching and learning resources.

# APPENDICES

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## Appendix I. National policies relevant to sexuality education

Table A.1. Laws and policies relating to sexuality education for adolescents (before 2000)

Year	Laws/policies	Issued by	Relevance to sexuality education
1988	<i>Curriculum for Ethics Education in Secondary Schools</i>	National Education Committee	'Adolescent sexuality education should be an education about mental health, hygiene, sex ethics and sincere friendship with the opposite sex' (Provision 7).
	<i>Notice of Delivering Adolescence Education in Secondary Schools</i>	National Education Committee, and National Family Planning Commission	The notice specifies the importance, contents, work principles and guidelines for sexuality education for adolescents.
	<i>Notice of the CPC Central Committee on Reforming and Strengthening Ethics Education in Primary and Secondary School</i>	The State Council Bulletin of the People's Republic of China	'Students gradually grow mature in secondary school, and physiological and mental health education shall be combined to deliver adolescence education at the appropriate time.'
1990	<i>Principles of the Work on the School Hygiene</i>	National Education Committee, and Ministry of Health The Law of the People's Republic of China on Prevention of Juvenile Delinquency	'Schools shall incorporate health education into teaching plans. Health education shall be a must for public primary and secondary schools, and it shall be selective or elective in colleges, universities, specialized schools, technical schools, agricultural middle schools and vocational schools' (Provision 13).
	<i>The Medium-term Plan of the People's Republic of China in AIDS Prevention and Control (1990-1992)</i>	State Council	Adolescents are sexually active and require appropriate special education.
1991	<i>The Law of the People's Republic of China on Prevention of Juvenile Delinquency</i>	Standing Committee of the National People's Congress	'Schools shall fully enforce national education policies, offering ethics education, science education, physical education, aesthetics education, labour education, social life guidance and adolescence education' (Provision 13).
1992	<i>Basic Requirements of Health Education for Primary and Secondary School Students (Trial)</i>	Ministry of Health, National Education Committee, and National Patriotic Health Campaign Committee	The document clarifies that adolescence education has three aspects: physiology, psychology and ethics.
1994	<i>Programme for Action</i>	The United Nations International Conference on Population and Development	'Meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.'
1995	<i>Programme of China's Family Planning Work (1995-2000)</i>	National Health and Family Planning Commission	'Education about the population, national conditions and adolescence shall be covered in the relevant curriculum in secondary schools (and high grades in rural primary schools).'
1998	<i>China's National Medium- and Long-Term Strategic Plan for AIDS Prevention and Control (1998-2010)</i>	State Council	The plan stipulates that primary schools shall incorporate content about AIDS and sexually transmitted diseases (STDs) prevention into health education courses.



**Table A.2. National policies relating to sexuality education for Chinese adolescents (2000 to 2016)**

Year	Laws/Policies	Issued by	Relevance to Sexuality Education
2000	<i>Decision of the State Council on the Reform and Development of Basic Education</i>	State Council	'Combine the original courses in ethics, ideologies and politics, and adolescence education, to help students master the general knowledge and methods about maintaining physical and mental health and cultivate strong psychological skills.'
2001	<i>Curriculum Standards for Biology Courses in Compulsory Education (draft)</i>	Ministry of Education	The document points out that one of the critical goals of the new curriculum standards is to drive students to 'live their lives healthily'.
	<i>Opinion of the Ministry of Education on Implementing the 'Action Plan for the Prevention and Control of AIDS in China (2001-2005)'</i>	Ministry of Education	It requests schools to 'cover AIDS and STD prevention in the school-level teaching plan, and equip students with information about AIDS prevention via class teaching and lectures, strengthening students' self-protection awareness and competency against AIDS.'
	<i>Outline for Child Development in China (2001-2010)</i>	State Council	'We shall strengthen education about children's health care and prevent and contain the spread and growth of STDs, AIDS and Tuberculosis.'
	<i>Law of the People's Republic of China on Population and Family Planning</i>	Standing Committee of the National People's Congress	'Schools shall develop education about physiological health, adolescence and sexual health for students, based on the recipients' characteristics' (Article 13)
2003	<i>Curriculum for Education on Prevention of AIDS for Primary and Secondary Students</i>	Ministry of Education	'Schools shall lead students to obtain the relevant knowledge regarding AIDS prevention via thematic seminars, cultivating healthy lifestyles and strengthening self-protection awareness and competencies in preventing AIDS.'
	<i>Curriculum for Education on Prevention of Drug Abuse for Primary and Secondary Students</i>	Ministry of Education	'Based on the subjects that integrate education about the prevention of drug abuse, we shall develop thematic educational activities to foster students' healthy lifestyles, awareness of prevention of drug abuse, social responsibilities and methods for self-protection. Lead students to treasure their lives and reject drugs.'
2006	<i>Action Plan for the Prevention and Control of AIDS in China (2006-2010)</i>	General Office of the State Council	'We shall enable more than 85% of the adolescents in school to learn about the prevention and treatment of AIDS and blood donation by the end of 2007. And raise this figure above 95% by the end of 2010.'
	<i>The Law of the People's Republic of China on Prevention of Juvenile Delinquency</i>	Standing Committee of the National People's Congress	'Schools shall give adolescents guidance about social life, psychological health and adolescence, according to their characteristics in physical and psychological development (Article 13).'
2007	<i>Guidelines for Public Safety Education in Primary and Secondary Schools</i>	Designed by the Ministry of Education, issued by the State Council	Upper-grade primary students shall 'know the common methods to deal with blackmail, threats and sexual assault, and improve self-protection competencies'. Middle school students shall 'learn the basic skills to deal with emergencies like blackmail, threatens and sexual assault', and senior high school students shall 'learn healthy interaction methods for communication with the opposite sex, learn to protect themselves and prevent sexual assault. When facing sexual assault, they shall know how to use the law to protect themselves'.
2008	<i>Guidelines for Health Education in Primary and Secondary Schools</i>		The guidelines seek to integrate the following content into primary school (low, middle and upper grades), middle school and senior high school education: healthy behaviour and lifestyles, disease prevention, psychological health, physical growth and adolescence health care, and methods to address dangers and ensure safety.

Year	Laws/Policies	Issued by	Relevance to Sexuality Education
2011	<i>Outline for the Child Development in China (2011-2020)</i>	State Council	The outline seeks to 'strengthen children's reproductive health services, integrate education about sexual and reproductive health into the curriculum for compulsory education, and increase the number of the organizations that offer sexual and reproductive health services, to strengthen capacity building, provide services that match children's ages, and meet their demand for counselling and treatment'.
	<i>The Outline for the Development of Chinese Women (2011-2020)</i>	State Council	'The principles and values of gender equality shall be sufficiently exhibited in the curriculum standards and teaching process at different education levels.'
2012	<i>China's 12th Five-Year Action Plan for Containment and Prevention of AIDS</i>	State Council	'Enable more than 90% of adolescents to obtain knowledge about comprehensive AIDS prevention. All the common secondary schools, secondary vocational schools, colleges and universities shall develop thematic education or promotional and educational activities regarding comprehensive AIDS prevention.'
2013	<i>Opinions on the Prevention of sexual assault of Adolescents and Children</i>	Ministry of Education, Ministry of Public Security, the Central Committee of the Communist Youth League, the All China Women's Federation	It proposes multiple measures to prevent juveniles' sexual assault. One is to 'scientifically develop education for preventing sexual assault', requesting 'the education departments, the Communist Youth League and the women's federation in different regions to develop education about sex and about the prevention of sexual assault in a variety of formats, increasing the knowledge of the teachers, students and parents regarding sexual assault crimes'.
2016	<i>Guidelines for the Prevention of Bullying and Violence among Primary and Secondary School Students</i>	Ministry of Education, Central Public Security Comprehensive Management Commission, Supreme People's Court, Supreme People's Procuratorate, Ministry of Public Security, Ministry of Civil Affairs, Ministry of Justice, Central Committee of the Communist Youth League, and the National Women's Federation	The guidelines clearly stipulate the means of preventing school bullying and violence and how to deal with people who commit bullying and violence. The guidelines have three sections: 1) how to prevent student bullying and violence, 2) how to address student bullying and violence cases using the law, and 3) how to foster integrity, for the prevention and treatment of student bullying and violence.

## Appendix II. Laws and policies relevant to adolescent sexuality education in the six provinces/municipalities that participated in the study

Table A.3. Provincial laws and policies relevant to adolescent sexuality education

Year	Laws and policies	Issued by	Relevance to sexuality education
1987	<i>Regulation on the Protection of Adolescents in Shanghai</i>	The NPC Standing Committee of Shanghai Municipality	This was the first time that the responsibilities of families and schools in adolescence education were stipulated in law.
2001	<i>Child Development Plan of Heilongjiang Province (2001-2010)</i>	The Government of Heilongjiang Province	'Strengthen child health education, reduce the infection rate of STDs and contain the infection rate of AIDS.'
2002	<i>Protocol of Population and Family Planning in Yunnan Province</i>	The NPC Standing Committee of Yunnan Province	'Schools should develop physiological health education, adolescence education and sexual health education that suit the ages and psychological characteristics of the recipients of this education.'
2003	<i>Guidelines for the Education about Population and Sexual Health in Primary and Secondary Schools in Zhejiang Province</i>	The Provincial Department of Education of Zhejiang Province	The content covers education about sexual physiology, psychology, ethics and health care, with stipulations about approaches and methods of education regarding sexual health for adolescents.
2005	<i>Guidelines for the Education about Living for Primary and Secondary School Students of Shanghai Municipality</i>	The Education Committee of Shanghai Municipality	The guidelines emphasise stratification and progressiveness. They are divided into the three stages of school education: primary school, middle school, and senior high school. The life education is integrated into different subjects, not delivered as a separate course. Life education emphasizes the combination of schools, families and society.
2007	<i>Announcement about Strengthening the Work on School-based Health Education in the Prevention of AIDS in Beijing Municipality</i>	The Education Committee of Beijing Municipality	The development of health education for the prevention of AIDS should be combined with the practice and activities in school-based education about social ethics, laws, negative consequences of drug abuse and adolescence to fully achieve a comprehensive education.
2008	<i>Decisions about Implementing the Education for 'Living, Survival and Life' from the CCP Provincial Party Committee, the Higher Education Working Committee, and the Provincial Department of Education of Yunnan Province</i>	The Education Committee of Yunnan Province	Life education helps students understand, respect, and treasure life, driving students to proactively, positively and soundly develop their lives, improve the quality of their lives and achieve the meaning and values of life.
2009	<i>Protocol for Juvenile Protection of Heilongjiang Province</i>	The NPC Standing Committee of Heilongjiang Province	'Parents or other guardians shall criticize, educate, contain and correct the following bad or illegal behaviour of their children or their wards whose age is below 18: (9) feeling in love at an early age, illegal cohabitation, drug abuse, prostitution and sex trafficking.'
2012	<i>Child Development Plan of Heilongjiang Province (2011-2015)</i>	The Government of Heilongjiang Province	'Strengthen education and services about psychological health and reproductive health for children. The schools shall have rooms for psychological counselling, with full-time or part-time teachers specialized in education about psychological health. A public service network shall be created for the reproductive health of children, and sexual and reproductive health education shall be covered in the compulsory education curriculum, supporting children in obtaining relevant knowledge in normal channels. The organizations serving children's sexual and reproductive health shall be increased, meeting the demand for counselling and therapy for children.'
2014	<i>Actions for Implementing "Compulsory Education Law of the People's Republic of China" of Sichuan Province</i>	The NPC Standing Committee of Sichuan Province	'Schools shall develop education about physiological health, adolescence and psychological health according to students' physical and mental characteristics. The schools with sufficient facilities shall set up rooms for health care and psychological counselling, with specialists who can offer psychological counselling and assistance to students.'

## Appendix III. Topics in the questionnaire

### Gender

1. Gender roles and norms (e.g. different roles, expectations and opportunities for boys and girls).
2. Inequality, discrimination and violence can be caused by harmful gender roles.
3. Gender roles and norms vary by location, age and time.
4. Everyone has a responsibility to overcome gender inequality.
5. Mass media can influence our view of relationships and sexuality.
6. Accept and understand different types of sexual orientation and gender identities (e.g. same-sex relations, homosexuality and transgender people).

### SRH & HIV

1. Reproductive body parts.
2. Process of puberty for boys, including nocturnal emissions.
3. Process of puberty for girls, including menstruation.
4. Description of how pregnancy occurs.
5. Sexually transmitted infections (STIs) and how to prevent and treat them.
6. Use of condoms prevents pregnancy and transmission of STIs.
7. How to use a condom correctly.
8. Use of other forms of contraception to prevent pregnancy.
9. Safe abortion.
10. Understanding how HIV is transmitted, treated and prevented.
11. Knowing that it is not possible to know whether someone has an STI, including HIV, by looking at them.
12. Abstaining from sex (i.e. not having sex) is a safe way to avoid pregnancy and STIs.

### Rights

1. Human rights, especially rights related to sexual and reproductive health.
2. Learning how to say no to unwanted sex and that everyone has the right to have sex only when they ready and have agreed to it.
3. Sexuality is not just about sexual behaviour.
4. Understanding that child marriage and teen pregnancy can have negative consequences.
5. Understanding what stigma and discrimination are, and why they are harmful.
6. Understanding it is hurtful and against human rights to harass or bully anyone on the basis of sexual orientation, gender identity, or other differences.
7. Understanding that people might kiss, hug, touch or engage in sexual behaviour with one another to show care, love and intimacy and to feel good.
8. Understanding that inappropriate touching, and unwanted and forced sex (rape) are forms of sexual abuse.

### Violence

1. Understanding that violence, including gender-based violence (such as violence against one's wife/husband/partner, rape and sexual abuse), is wrong.
2. Knowing that there are ways to seek help in cases of violence, including gender-based violence.
3. Knowing that everyone has a responsibility to report sexual abuse and gender-based violence.
4. Boys can also be victims of sexual violence.
5. How to reduce violence, including gender-based violence.

### Relationships

1. Exploring different ways that people express friendship, love and sexual attraction
2. Recognizing that relationships can be healthy or unhealthy.
3. Exploring how friends can influence us both positively and negatively.
4. Reflections on personal feelings and what influences one's own sexual decision-making.
5. Reflections on relationships and the kind of relationships that one wants to have in one's own life.

## Appendix IV. Materials used by the surveyed schools for sexuality education

Table A.4. Teaching and learning materials used for sexuality education

Textbooks	Handouts, flyers and other support materials
<ul style="list-style-type: none"> <li>• <i>Sexual Health Education</i></li> <li>• <i>Path to Growing Up</i></li> <li>• <i>Human, Nature, Society</i></li> <li>• <i>Morality</i></li> <li>• <i>Education about Living, Survival and Life</i></li> <li>• <i>Psychological Self-Supporting Manual of Junior Secondary Schools of Shanghai</i></li> <li>• <i>Psychological Health Education Self-Supporting Textbooks of Shanghai</i></li> <li>• <i>Psychological Health Education for Secondary Students</i></li> <li>• <i>Life Science</i></li> <li>• <i>Psychological Health Textbook</i></li> <li>• <i>Biology</i></li> <li>• <i>Sexual Health Education</i></li> <li>• <i>I am Young, I am Healthy</i></li> <li>• <i>Life and Safety</i></li> <li>• <i>Physical Education and Health</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Reproduction and Growth [handouts]</i></li> <li>• <i>Common Sense in Health [handouts]</i></li> <li>• <i>Care about Adolescents' Growth [handouts]</i></li> <li>• <i>Care about the Education in Adolescents' Growth [handouts]</i></li> <li>• <i>My Classmates and Me in Adolescence [handouts]</i></li> <li>• <i>Love and Relations in Adolescence [handouts]</i></li> <li>• <i>Entering Adulthood [handouts]</i></li> <li>• <i>Entering Adolescence [handouts]</i></li> <li>• <i>School-level textbooks about adolescent health education [handouts]</i></li> <li>• <i>Learning materials to prevent sexual assault [handouts]</i></li> <li>• <i>For boys and girls: Campus for Adolescents [flyer]</i></li> <li>• <i>Materials about adolescence, disseminated by Johnson &amp; Johnson [flyer]</i></li> <li>• <i>Refuse Drugs and Treasure Life [flyer]</i></li> <li>• <i>"Girls' stories" for lesbians in adolescents [flyer]</i></li> <li>• <i>Rose class [flyer]</i></li> <li>• <i>Away from AIDS [flyer]</i></li> <li>• <i>Adolescent health education [flyer]</i></li> <li>• <i>Parents-children guide for a happy family [others]</i></li> <li>• <i>Adolescence together with parents [others]</i></li> </ul>

## Bibliography

- Adolescent AIDS-Love House. n.d. AIDS Prevention Education Program for Chinese Youth. <http://www.apecpy.org/qaxw/index.aspx> (Accessed 9 August 2017.)
- Beijing Normal University. n.d. Children's Sexuality Education Project Team of Beijing Normal University. *Adolescent Sexual Health Education Website*. <http://blog.sina.com.cn/u/5119637089> (Accessed 9 August 2017.)
- Chen, Xiao, Chaohua, Lou, Xiaowen, Tu and Yan, Chen. 2009. Influence of Family Factors on Adolescent Premarital Sexual Behaviour and Risky Sexual Behaviour. *China Family Planning Study Magazine* Vol. 161, No. 3, pp. 153-57.
- China Family Planning Association. 2013. Evaluation Report on the Adolescent Health Project.
- Chinese Center for Disease Control and Prevention. 1990. Principles of the Work on the School Hygiene. <http://www.chinacdc.cn/n272442/n272530/n272907/n272937/3320.html> (Accessed 9 August 2017.)
- Chinese Center for Disease Control and Prevention. 1997. China's National Medium- and Long-Term Strategic Plan for AIDS Prevention and Control (1998-2010). [http://www.chinacdc.cn/ztxm/jkzg2020/gnzt/200807/t20080730\\_53739.html](http://www.chinacdc.cn/ztxm/jkzg2020/gnzt/200807/t20080730_53739.html) (Accessed 9 August 2017.)
- Cui, Xiaoling. 2010. 13 Provinces and Municipalities Adopted the Yunnan Version of the 'Three-Life Education' Textbooks. *Yunnan Education: Primary School Teachers*, Vol 4, No. 25.
- Every Woman Every Child. 2015. *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Survive, Thrive, Transform*. <https://everywomaneverychild.org>
- Girl Child Protection Fund. 2016. Survey of Child Sexual Abuse Cases and Report of Education in Prevention of Sexual Abuse for Children in 2015. [http://www.360doc.com/content/16/0528/21/22010781\\_563090703.shtml](http://www.360doc.com/content/16/0528/21/22010781_563090703.shtml) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 1989. The Medium-Term Plan of the People's Republic of China in AIDS Prevention and Control (1990-1992). <http://gwxy.gmc.edu.cn/info/1548/1576.htm> (Accessed 9 August 2017)
- Government of the People's Republic of China. 2005a. Law of the People's Republic of China on Population and Family Planning. [http://www.gov.cn/banshi/2005-08/21/content\\_25059.htm](http://www.gov.cn/banshi/2005-08/21/content_25059.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2005b. The Status of China's Development in Education. [http://www.gov.cn/test/2005-09/07/content\\_29930.htm](http://www.gov.cn/test/2005-09/07/content_29930.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2006. The Law of the People's Republic of China on Prevention of Juvenile Delinquency. [http://www.gov.cn/zhengce/2006-12/29/content\\_2602198.htm](http://www.gov.cn/zhengce/2006-12/29/content_2602198.htm) (Accessed 9 August 2017)
- Government of the People's Republic of China. 2011. Notice of the State Council on the Issue of the 'Outline for the Development of Chinese Women' and 'Outline for the Child Development in China.' [http://www.gov.cn/gongbao/content/2011/content\\_1927200.htm](http://www.gov.cn/gongbao/content/2011/content_1927200.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2012. Notice of the General Office of the State Council on the issue of China's Twelfth Five-Year Plan for AIDS Control and Prevention. [http://www.gov.cn/zwgk/2012-02/29/content\\_2079097.htm](http://www.gov.cn/zwgk/2012-02/29/content_2079097.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2014. *Law of the People's Republic of China on Prevention of Juvenile Delinquency* (Revised Version). Standing Committee of the National People's Congress. [http://www.npc.gov.cn/npc/zfjc/zfjcelys/2014-05/08/content\\_1862530.htm](http://www.npc.gov.cn/npc/zfjc/zfjcelys/2014-05/08/content_1862530.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2016a. Notice from the Education Steering Committee Office of the State Council on the Special Treatment of the School Bullying. [http://www.gov.cn/xinwen/2016-05/09/content\\_5081203.htm](http://www.gov.cn/xinwen/2016-05/09/content_5081203.htm) (Accessed 9 August 2017.)
- Government of the People's Republic of China. 2016b. Opinions of the Ministry of Education and Other Eight Departments on the Prevention and Treatment of Primary and Secondary School Students' Bullying and Violence Issues. [http://www.gov.cn/xinwen/2016-11/11/content\\_5131211.htm](http://www.gov.cn/xinwen/2016-11/11/content_5131211.htm) (Accessed 9 August 2017.)
- Guangdong Provincial Women's Federation and Guangdong Provincial Procuratorate. n.d. Survey of Girl Children Affected by Sexual Abuse. <http://www.doc88.com/p-7377012322276.html> (Accessed 9 August 2017.)
- Gui, Wen. 2009. The Ministry of Education Designed the 'Guidelines for Health Education in Primary and Secondary Schools. *Guangxi Education*, Vol. 4, No. 15.
- Haberland, N. A. 2015. The case for addressing gender and power in sexuality and HIV education: A comprehensive review of evaluation studies. *International Perspectives on Sexual and Reproductive Health*, Vol. 41, No. 1, pp. 31-42.
- Hu, Yukun, Xiaoying Zhen, Gong Chen and Lei Zhang. 2010. Sexual and Reproductive Health of Chinese Youth is Urgently Needed to Put on the Policy Agenda. *International Reproductive Health/Family Planning Magazine*, Vol. 29, No. 6, pp. 392-96.
- Jiang, Tingyu and Di Mengjie. 2016. National CDC Experts Say AIDS Infection rates for 15-to-24-year-olds Have Increased. Southeast University. 3 June 2016. <http://www.seu.edu.cn/73/ec/c15504a160748/page.psp>
- Lai, Zhenzhen, Yue Hu, Wenli Liu, Yinghua Ma. Effectiveness Evaluation of Sexuality Education for Primary Three. *China School Health*, 2015. 36(8): 1150-1153, 1157
- Li, Guiying, Tianxin Hao, Xiong He and Pang Xing. 2005. Study on the Current Status of the Beijing High School Students' Parents' Knowledge, Attitudes, and Behaviour towards AIDS and Their Health Education. *Chinese Journal of Preventive Medicine*, Vol. 6, pp. 492-95.
- Liu, Wenli and Caroline Edwards. 2007. Investigation into City Parents' Knowledge and Attitudes of Giving Sexuality Education to Their Teenage



- Children. *China Youth Research*, Vol. 5, pp. 48-52.
- Liu, Wenli and Yufen Su. 2014. School-Based Primary School Sexuality Education for Migrant Children in Beijing, China. *Sexuality education: Sexuality, Society and Learning*, Vol. 14, No. 5, pp. 568-81.
- Liu, Wenli. 2008. 1988-2007: A Review of the Research on China's Adolescent Sexuality Education. *China Youth Research*, Vol. 3, pp. 50-27.
- Liu, Wenli and Yuan, Ying. A Review of Policies on Sexuality Education in China (1984-2016). *Education and Teaching Research*, 2017, 256(7), pp. 44-55
- Luo, Dehong. 2011. Promote Sexuality Education in Primary and Secondary Schools within Five Years. Beijing Morning Post. <http://news.163.com/11/0817/00/7BKCFQID00014AED.html> (Accessed 9 August 2017.)
- Marie Stopes China, n.d., You & Me Sexuality Education Support Platform, <http://www.niwo.org.cn> (Accessed 3 May 2018)
- Ma, Suping 2015. Concerns on HIV/AIDS Prevention: the incidence rate of HIV among young students increased by 60% in 2014, men who have sex with men was the major route of transmission. Southern Weekend. <http://www.infzm.com/content/111529>
- Ministry of Civil Affairs. 2000. Outline for the Child Development in China (2001-2010). <http://shfl.mca.gov.cn/article/zcfg/zcfgc/200807/20080700018550.shtml> (Accessed 9 August 2017.)
- Ministry of Education Basic Education Curriculum Development Center. 2011. Compulsory Education Curriculum Standards (2011 Edition). [http://ncct.moe.edu.cn/2014/relatedFile/ywjkcbzxd\\_1115/3161.html](http://ncct.moe.edu.cn/2014/relatedFile/ywjkcbzxd_1115/3161.html) (Accessed 9 August 2017.)
- Ministry of Education. 2001. Opinion of the Ministry of Education on the implementation of the 'Action Plan for the Prevention and Control of AIDS in China' (2001-2005). [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_946/200407/1143.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_946/200407/1143.html) (Accessed 9 August 2017.)
- Ministry of Education. 2003. Notice of the General Office of the Ministry of Education on the issue of the 'Curriculum for the education on prevention of AIDS for primary and secondary students,' 'Curriculum for the education on prevention of drug abuse for primary and secondary students,' and 'Curriculum for the environmental education for primary and secondary students.' [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_946/201001/81815.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_946/201001/81815.html) (Accessed 9 August 2017.)
- Ministry of Education. 2007. Notice of the General Office of the State Council for Referring to the Ministry of Education's Guidelines for Public Safety Education in Primary and Secondary Schools. [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_1778/200710/27696.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_1778/200710/27696.html) (Accessed 9 August 2017.)
- Ministry of Education. 2008. *Guidelines for Health Education in Primary and Secondary Schools*.
- Ministry of Education. 2011a. *Curriculum Standards for Moral Education*.
- Ministry of Education, 2011b. *Curriculum Standards for Biology Classes in Compulsory Education*.
- Ministry of Education. 2013. Opinion of the Ministry of Education, Ministry of Public Security, the Central Committee of the Communist Youth League, and National Women's Federation on the Work for the Prevention of Sexual Abuse for Adolescents and Children. [http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe\\_1793/201309/157630.html](http://www.moe.edu.cn/publicfiles/business/htmlfiles/moe/moe_1793/201309/157630.html) (Accessed 9 August 2017.)
- National Education Committee. 1988. Curriculum for Ethics Education in Secondary Schools (Trial). *People's Education* Vol. 1, pp. 10-15.
- National Education Committee. 1993. Basic Requirements of Health Education for Primary and Secondary School Students (Trial). *China Health Education* Vol. 9, No. 7, pp. 9-12.
- National Family Planning Commission. 1995. Programme of China's Family Planning Work (1995-2000). *Population and Family Planning*, Vol. 1, pp. 16-21.
- Netease, n.d., Sexuality Education Cloud, <http://study.163.com/topics/sexuality-education> (Accessed 3 May 2018)
- NCAIDS, NCSTD and Chinese Center for Disease Control and Prevention. 2016. Update on the AIDS/STD Epidemic in China and Main Response in Control and Prevention in December 2015. *Chinese Journal of AIDS & STD*, Vol. 22, No. 2, p. 69.
- Nutcracker Studio. 2013a. Animation: One-Minute Sexuality Education (TV Version). Youku. [http://list.youku.com/show/id\\_zde19432a639d11e3a705.html](http://list.youku.com/show/id_zde19432a639d11e3a705.html) (Accessed 9 August 2017.)
- Nutcracker Studio. 2013b. Animation: One-Minute Sexuality Education (TV Version). Tudou. <http://tv.jilaolao.com/?m=vod-detail-id-64465.html> (Accessed 9 August 2017.)
- Programme of Action of International Conference on Population and Development (POA, ICPD), 1994, Cairo, International Conference on Population and Development.
- Qiao, Yijuan, Yi Xing, Chengye Ji and Lin Zhang. 2009. The Prevalence of Bullying Behaviour among Inner-city Middle School Students in 18 Provinces, China. *Chinese Journal of Epidemiology*, Vol. 30, No. 5 pp. 444-47.
- Qiu, Chenhui. 2015. Universities to Promote Sexuality Education 'with the Underground Work Like'. *China Youth Daily*. [http://zqb.cyol.com/html/2015-04/28/nw.D110000zgqnb\\_20150428\\_2-08.htm](http://zqb.cyol.com/html/2015-04/28/nw.D110000zgqnb_20150428_2-08.htm) (Accessed 9 August 2017.)
- Research Team on the Physical Fitness and Health of the Chinese Students. 1995. *Report on the Physical Fitness and Health Research of Chinese school Students*. Changchun, Jilin Science and Technology Press.
- Research Team on the Physical Fitness and Health of the Chinese Students. 2010. *Report on the Physical Fitness and Health Research of Chinese school Students*. Beijing, Higher Education Press.

- Sa, Zhihong; Wang, Xiying. 2013. *The Impact of school sexuality education with emphasis on gender equality on changing adolescents' sexual knowledge, attitude, decision-making skills and sexual behavior*. China Sexuality Study, 2013, 1:79-100
- State Council. n.d. Decision of the State Council on the Reform and Development of Basic Education. *People's Education*, 2001,(7):4-9
- State Council. 1989. Notice of the CPC Central Committee on Reforming and Strengthening Ethics Education in Primary and Secondary Schools. *People's Education*. Vol. 2, pp. 2-4.
- State Council. 2006. Notice of the General Office of the State Council on the Issue of the 'Action Plan for the Prevention and Control of AIDS in China (2006-2010)'. [http://www.gov.cn/zwgk/2006-03/10/content\\_224306.htm](http://www.gov.cn/zwgk/2006-03/10/content_224306.htm) (Accessed 9 August 2017.)
- Sun, Xun. 1988. National Education Committee and National Family Planning Commission Jointly Issued a Notice Requiring Local Schools to Carry Out Pilot Programs for Adolescence Education. *School Health*, Vol. 9, No. 4, pp. 16-17.
- UNESCO. 2009. International Technical Guidance on Sexuality Education. Paris, UNESCO.
- UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO. 2018. International Technical Guidance on Sexuality Education, 2nd edn. Paris, Geneva and New York, UNESCO, UNAIDS, UNFPA, UNICEF, UN Women and WHO.
- UNFPA. 2014. *State of World Population 2014*. New York, United Nations Population Fund.
- United Nations General Assembly. 2015a. *Transforming Our World: The 2030 Agenda for Sustainable Development*. 21 October 2015, A/RES/70/1.
- United Nations. 2015b. Every Women Every Child. Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)
- United Nations. 1995. Plan of Action of the Fourth World Conference on Women. Paper presented at the United Nations Fourth World Conference on Women, Beijing, China, September, 1995.
- United Nations. 2017. Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 Revision. <https://esa.un.org/unpd/wpp/dataquery> (Accessed 15 March 2018.)
- Wang, Jianing. 2016. Farewell to 'Cannot Say': How to Break the Adolescent Sexuality Education Dilemma? *Xinhua News*. [http://news.xinhuanet.com/2016-06/29/c\\_1119136667.htm](http://news.xinhuanet.com/2016-06/29/c_1119136667.htm) (Accessed 9 August 2017.)
- Wang, Jinxin. 2010. A Comparative Study on the Effectiveness of Different Sexuality Education Approaches for Adolescents. *China Sexology*, Vol. 3, pp. 3-29.
- Wang, Xiaoying. 2016. Jiangsu Provincial Government Held a Seminar on the Legislation for Prevention of Juvenile Delinquency. *Xinhua Daily*. <http://zgjssw.jschina.com.cn/yaowen/201608/t2979106.shtml> (Accessed 9 August 2017.)
- Yan, Guangwei. 2005. Survey of the Sexual Knowledge and the Attitudes of the Teenage Students' Parents towards Sexuality Education. *Chinese School Doctors*, Vol. 19, No. 1, pp. 35-6.
- Yao, Xiulin and Jin Fang. 2011. Action Research on School-Based Curriculum of AIDS Education in Junior Middle School. *Education for the Chinese after School*, Vol. 4, pp. 80-2.
- Yuan, Yuan, Pengnian Rui and Xiangyang Zhong. 2010. Exploration in the Practice of the School-Based Adolescence Education Built on Life Education. *International Reproductive Health/Family Planning Magazine*, Vol. 29, No. 6, pp. 397-401.
- Zhang, Meimei. 2012. Research on the Sexuality Education Models for Primary and Secondary Schools. *Basic Education Review*, Vol. 19, pp. 3-5.
- Zhang, Zheng. 2010. Chengdu University is the First to Offer Sexuality Education Elective Class, in Which College Students Anonymously Write about 'Sex'. *Sichuan Online*. [http://sichuan.scol.com.cn/cddt/content/2010-03/02/content\\_532721.htm?node=965](http://sichuan.scol.com.cn/cddt/content/2010-03/02/content_532721.htm?node=965) (Accessed 9 August 2017.)
- Zhen, Xiaoying and Gong Chen. 2010. Survey of youth's access to reproductive health services in China. *Population and Development*, Vol. 16, pp. 2-16.
- Zhou, Yi and Nan Xiang. 2015. Up to 13 Million Abortions in China, Involving an Outstanding Number of Young People. *China Youth Daily*. 26 January 2015. [http://news.xinhuanet.com/gongyi/2015-01/26/c\\_127420548.htm](http://news.xinhuanet.com/gongyi/2015-01/26/c_127420548.htm) (Accessed 9 August 2017.)
- Zuo, Xiayun. 2006. Evaluation of the Outcomes of the Family- and School-Based Sexuality Education for High School Students of Shanghai Municipality. PhD diss., Fudan University.



China boasts one of the largest adolescent populations in the world, with 165 million in total (United Nations, 2017). In recent decades, Chinese adolescents have reached sexual maturity at increasingly early ages, and more and more young people in China are open to premarital sex while at the same time they generally lack sexual and reproductive health knowledge and awareness of safe sex. In light of this situation and the risks adolescents face in terms of sexually transmitted infections (STIs), unintended pregnancies, abortions and sexual and gender-based violence, education about sexuality is of utmost importance.

This publication describes the findings of a study that aimed to understand the status of the implementation of sexuality education in Chinese middle schools. The study surveyed key stakeholders, including students, teachers and principals, education officials and other educators, seeking to understand how they receive or provide sexuality education, as well as their perceptions of and attitudes to school-based sexuality education. This publication also provides a summary of policies and good practices and identifies gaps in light of the study, based on which it offers practical recommendations for further improvement of school-based sexuality education in China.

